

Settlement Agreement Report

Division of Children and Family Services
Bureau of Milwaukee Child Welfare (BMCW)
Period 1 – 2nd Six Month Report & Year to Date
(January 2003 – December 2003)

March 8, 2004

Prepared by the Bureau of Milwaukee Child Welfare Program Evaluation Managers

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I. **Evaluation of Bureau of Milwaukee Child Welfare:** Settlement Agreement

In accordance with the Settlement Agreement of the Federal Lawsuit against the State of Wisconsin, Jeanine B. vs Doyle, the information contained in this document is the Semi-Annual /Annual Report encompassing Period 1 – January 1, 2003 through December 31, 2003.

Background: A federal lawsuit was filed June 1, 1993 against the Governor and other defendant officials of the State of Wisconsin and Milwaukee County, based on alleged system-wide deficiencies in the Milwaukee child welfare system;

In response to the lawsuit the State of Wisconsin assumed direct responsibility and funding of the Milwaukee County Child Welfare effective January 1, 1998, to improve the safety and well being of children.

Plaintiffs filed a supplemental complaint on June 2, 1999, and an Amended Supplemental Complaint on December 1, 2002, alleging continuing deficiencies of the Milwaukee child welfare system;

Settlement discussions were held May 2002 through September 3, 2003.

Mediator: Janine Geske, Acting dean, Marquette Law School

Settlement Agreement approved by US District Judge T. Randa, on December 3, 2002.

On November 14, 2003 section I.B.3 was modified removing the 1146 baseline.

Evaluators: Program Evaluation Managers, Bureau of Milwaukee Child Welfare

Purpose: Monitor the BMCW against established performance expectations over a three year period of time, ensuring Permanence, Safety and Child Well-being of all children and families involved with the BMCW

Who/what is studied: All children under the jurisdiction of the court and in which BMCW has legal responsibility are part of the review. The Settlement identifies 30+ key aspects of the BMCW Child Welfare system using primarily outcome measures, and a few structure measures. The performance expectations covered areas that include ASFA compliance, Length of Stay in the system, placement stability, the safety of children in the system (maltreatment in OHC), Re-entry, Independent Investigations, the court process, and health care; addressing key areas of child welfare, child safety outcomes, child permanence outcomes, and child well-being outcomes.

Time Frame: Data for this review have been generated using WiSACWIS, and covers Period 1 which is January 1, 2003 to December 31, 2003.

General Conclusions:

The following data represents the Bureau of Milwaukee Child Welfare's efforts during Period 1 (January 1, 2003 – December 31, 2003) of the Settlement Agreement, and YTD performance data. The data is presented in three distinct categories: Meeting or exceeding period 1 targets; not meeting period 1 targets; and monitoring categories. Safety, well being, and permanence also broken out in each category. Recognizing that this Executive Summary is not an in depth or detailed report, contextual data and month by month data is not being presented, rather a snapshot of the data and approximate overall performance is being presented.

Settlement Sections where the BMCW is meeting or exceeding period 1 Targets:

PERMANENCY

- ❑ The Settlement identifies two specific areas in relation to ASFA – (1) children reaching their 15th of 22nd month in OHC, and (2) those who were not in compliance as of the start of the review period. **The BMCW met both of the compliance standards that relate to ASFA.**

SAFETY

- ❑ The Settlement tracks the percentage of children in BMCW custody who are victims of substantiated abuse or neglect by foster parent or staff of a facility required to be licensed, establishing a threshold of .70% for Period 1. The BMCW's **Approximate YTD Performance** is – **.6%, which is under the threshold limit.**
- ❑ The settlement requires that (1) Independent Investigation's need to be referred to the Independent Investigation Agency within 3 business days, and that the (2) Independent Investigations at the agency need to be assigned to an Investigator within 3 days of referral. Finally, (3) all Independent Investigations need to be completed and have a determination within 60 days of referral.

In all three areas the BMCW is exceeded the Period 3 (2005) target of 90%

WELL-BEING

- ❑ The settlement tracks the average number of family cases per case manager. Currently the BMCW is in compliance with the Period 1 expectation with approximately 10 families assigned to each Ongoing Case Manager.
- ❑ The Settlement requires the Ongoing Case Managers have direct monthly Face to Face contact with a minimum of 90% compliance (children in Milwaukee and contiguous counties). **Approximate YTD Performance – 90% for BMCW**

The data presented in the following section are areas where the BMCW has not met the expected performance standard for Period 1 targets, and challenges remain:

PERMANENCE

- ❑ The Settlement necessitates that the BMCW assess the Length of Stay of Children in OHC placements greater than 24 months (measured against baseline of 5533). **Approximate YTD Performance – 44% of children have been in an OHC placement greater than 24 months**
- ❑ The Settlement requires that 20% of adoptions finalized occur within 24 months of the child's removal, and entry into OHC. The BMCW's **Approximate YTD Performance of 14% did not meet the expectation.**

WELL BEING

- ❑ Placement Stability – At least the following percentages of children in BMCW custody within the period shall have had three or fewer placements after January 1, 1999, during their current episode in BMCW custody. The number of placements will exclude time-limited respite care placements and returns to the same caretaker after an intervening placement during the same out-of-care episode. Those children in BMCW custody through the Wraparound Milwaukee program shall be excluded from this calculation. The BMCW's **Approximate YTD Performance of 75% did not meet this standard of 80%.**

The following Element (I.B.6) from Section I did not have an expected performance standard for Period 1, rather it was to be monitored only. During Period 2, a performance standard of 65% is established.

- ❑ The Settlement also requires the BMCW examine the number of children who have been reunified within 12 months of entry into OHC. DURING PERIOD 1, THIS ELEMENT IS REGARDED AS "MONITOR ONLY" and there is no performance standard. However, the BMCW data for CY 2003 (approximately 45%) does not meet the expected performance standard of Period 2 (CY 2004) which indicates that 65% of all children reunified, need to be reunified within 12 months of entry into OHC.

The outcomes in the final section of the summary do not have an identified performance expectation standard indicated in the settlement, but the BMCW goal is to achieve 100%. This third and final section is broken out into two areas: Monitoring Items above 85% (where appropriate), and Monitoring Items not meeting expected internal standards.

PERMANENCY

- ❑ The settlement tracks to ensure that all children's (1) initial permanency plans be completed within 60 days of entry into OHC; (2) that all children have a current Judicial Permanency Plan Review or Permanency Plan Review. **The BMCW's approximate ytd performance exceeded 85% for both categories (estimated 97% & 88%)**
- ❑ The BMCW is also required to monitor "Re-Entry" of children previously in Ongoing Services (in an OHC Placement) within 12 months of exiting OHC. **Estimated YTD Performance – 7.0%**

WELL BEING

- ❑ The BMCW also tracks the timeframe for completion of (1) family assessments (must be completed within 90 days), and the distribution of (2) Placement Packet information to Foster Parents. The BMCW exceeded 90% for both categories (approximately 96% & 91%).
- ❑ The average number of children per Ongoing Case Manager is also reviewed. Although this is by Ongoing Site, the estimated BMCW average is 19.5 children per caseload.

Monitoring Items not meeting expected internal performance standards:

WELL BEING

- ❑ Also monitored are children's (1) Initial Health Checks (CPC) within 5 business days of first placement as recorded in WiSACWIS, and children with an up to date (2) physical 7 dental exam recorded in WiSACWIS.

Estimated YTD Performance for CPC health checks– 58%

Approximate (December) Performance – Percent of children with up to date medical exam 75%

Approximate (December) Performance - Percent of children with up to date dental exam 57%

❑ III.C.8 **TURNOVER**

Overall, the BMCW experienced approximately a 30% turnover rate of Ongoing Case Manager staff in Period 1 (CY 2003). Continued efforts to further explore the turnover issue and how to address improving staff retention remain in the forefront of issues the BMCW is working on during CY 2004.

INTRODUCTION

Semi-Annual & Annual Report: Period 1, January 1, 2003 – December 31, 2003

In accordance with the Settlement Agreement of the Federal Lawsuit against the State of Wisconsin, Jeanine B. vs Doyle, the information contained in this document is the Semi-Annual /Annual Report encompassing Period 1 – January 1, 2003 through December 31, 2003.

All children in Ongoing Case Management with the BMCW, children under the jurisdiction of the court and in which BMCW has legal responsibility, are part of the review are a part of the review. The Settlement identifies 30+ key aspects of the BMCW Child Welfare system using mostly outcome measures and a few structure measures as required performance standards.

The report primarily addresses:

- child safety outcomes
- child permanence outcomes and
- child well-being outcomes.

Additionally, the performance expectations also include outcome measures in areas such as:

- ASFA compliance
- Length of Stay in the system
- Placement stability
- Child safety while in the system (i.e. maltreatment while in out of home care)
- Rate of re-entry into the system
- Process of independent investigation
- Court process
- Health Care

Summative Evaluation Model

There are many models that can be used in program evaluation. This report will follow the *Summative Evaluation* process. Summative Evaluation is the form of evaluation that is most frequently associated with program evaluation. With summative evaluation the focus is on assessing the degree to which the program has met some prespecified objectives through the use of quantitative approaches and outcome evaluation. Outcome evaluations are designed to examine the long-term effects of a program and their achieved results. The Summative Evaluation process used in this review will be applied to programs for the Calendar Year 2003.

This report uses two types of measures:

- “Structure Measures” which capture data about aspects of the BMCW that must be present in order for it to operate and provide services (for example, ensuring the appropriate number of Ongoing Case Managers in order to serve families); and
- “Outcome Measures” which yield information about the achieved results that describe actual performance.

Data assessment involves the BMCW answering critical performance-related questions. Through the use of evaluation we are able to assess the BMCW and its contracted agencies regarding their current performance in meeting the goals in the settlement. This evaluation process also affords the ability for the consistent presentation and verification of performance improvement measures (that is, the ways in which performance improvement is illustrated) and the measures used to control performance standards and the improvement processes associated with the delivery of services.

The analysis of the data generated by the services and activities provided at each site (and by different agencies), will provide an understanding of the current level of performance and the possible causes for current levels of performance. This report uses a variety of analysis measures including:

- an analysis of the aggregate data (which provides information about average outcomes achieved),
- outcomes occurrence rates,
- outcomes achieved over time,
- variability of outcomes, and
- relationships between outcomes and other key factors such as gender, age, and disability status.

Report Format / General Conclusions

The following year-to-date performance data represents the Bureau of Milwaukee Child Welfare's efforts during Period 1 (January 1, 2003 – December 31, 2003) of the Settlement Agreement. The data is presented in three distinct categories:

- Meeting or exceeding period 1 targets
- Not meeting period 1 targets, and
- Monitoring categories inclusive of safety, well being, and permanence objectives.

The report follows the above outline, using a category-by-category approach to present the findings and contextual information. Throughout the agreement, there are several common threads between sections demonstrating the inter-relationships in meeting the expected performance standards. For instance, although the settlement agreement measures the time a child is in an Out of Home Care (OHC) placement and also measures placement stability (children in three or fewer placements), this report attempts to recognize the connection between the two categories and any possible inter-dependent variables.

The data presented in this report has largely been generated from the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS). In order to consistently and systematically assess the settlement outcomes, a process was undertaken to identify the data elements that could be generated using the WiSACWIS system and what changes needed to be done to enhance the system in order for these items to be reviewed. This includes the development of a measurement package, and the creation of software specific to many of the settlement elements.

In the course of the development of the software (programs) to measure performance, there are some instances of minimal data spikes or updated references to data. Changes to WiSACWIS or changes to the programming initially may have caused a slight “spike” in the data. Work performed to clean artifacts within the system also affected initial results. Enhancements to the data system were added as soon as possible in order to improve the accuracy and consistency of reporting

For the reader’s reference, the following information, found in the settlement agreement, instructs BMCW regarding assessment timeframes and is the beginning of the first section of items found in this report.

What follows, starting with ‘**Section I. Ensuring Permanence, Safety, and Child Well Being**’ is the Settlement Agreement and the BMCW’s efforts to meet the expected performance guidelines. The following information is broken out as described above, and provides data showing BMCW performance during the first six months of Period 1, the second six months of Period 1, and the collated performance YTD (where applicable) for Period 1 on an annual basis.

I. ENSURING PERMANENCE, SAFETY AND CHILD WELL-BEING

A. In accordance with the settlement agreement, the child welfare outcomes for plaintiff class children and performance measures of child welfare practice improvements will be phased in over three one-year periods beginning January 1, 2003, January 1, 2004 and January 1, 2005, respectively. Those periods are respectively referred to hereinafter as Period 1, Period 2 and Period 3.

B. Permanence

1. The parties will negotiate in good faith as soon as practical with the Milwaukee County District Attorney to ensure adequate legal representation for the prosecution of termination of parental rights (TPR’s) petitions, consistent with ASFA requirements.

STATUS: Good faith negotiations completed. Memorandum of Understanding (MOU) executed by BMCW and District Attorney’s office on July 28, 2003.

SETTLEMENT SECTIONS* WHERE THE BMCW IS MEETING OR EXCEEDING PERIOD 1 TARGETS:

*NOTE: The descriptions provided at the beginning of each section are not the actual settlement language.
Please see attachment (A) for original agreement and language.

The following section includes settlement elements where the BMCW is meeting or exceeding Period 1 targets. The details of these areas are categorized under the key performance objectives of Permanency, Safety and Well-Being.

PERMANENCY**ASFA – Timeliness of meeting permanence for children reaching their 15th of 22nd month in OHC**

I.B.2 The first element pertains to the timely permanency concerning children in out of home placement. The settlement agreement measure for this objective is the following: at least 65% of children in BMCW custody who reach their 15 of the 22 months placed in out of home care will have a TPR petition filed on their behalf, or they will have an available Adoption and Safe Families Act (ASFA) exception documented in their case record, by the fifteenth month in care.

Period 1 Goal: 65% (or above)

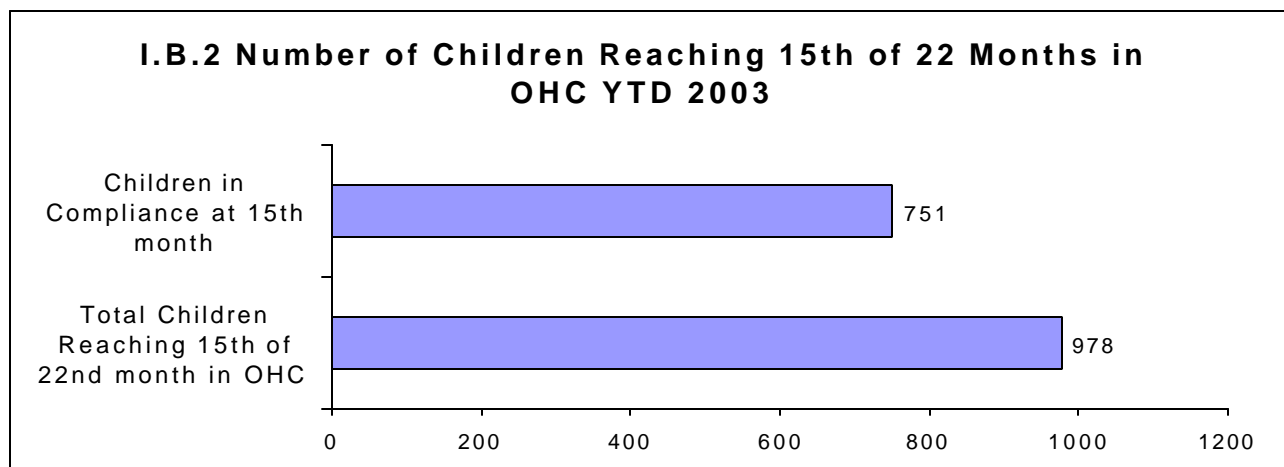
Actual Performance

YTD January – December 2003: **76.8%**

Table D

	Number Children Reaching 15 of 22 months in OHC	Number with available Exception or TPR	Compliance % for period	Compliance % YTD
January	73	54	74.0%	
February	78	52	66.7%	70.2%
March	74	47	63.5%	68.0%
April	61	40	65.6%	67.5%
May	85	59	69.4%	67.9%
June	58	35	60.3%	66.9%
July	67	46	68.7%	67.1%
August	83	65	78.3%	68.7%
September	115	106	92.2%	72.6%
October	87	74	85.1%	74.0%
November	102	86	84.3%	75.2%
December	95	87	91.6%	76.8%

Chart 5



	January - June	July - December	YTD 2003
BMCW	66.9%	84.5%	76.8% (Jan-Dec)

Overall, the BMCW exceeded the Period 1 Performance Standard of 65% (at least 636 children). During the year, 751 (76.8%) children met compliance with ASFA (either through TPR or an allowable exception). During the first six months of 2003 the percentage of children who were in compliance at their 15 of 22 months was 66.9%; two (63.5% & 60.3%) of the first six months did not meet the 65% minimum threshold. During the second six-month period (July – December) each individual month was above the 65% threshold, and two months were above 90% compliance – the second six months had a performance increase to 84.5%, with a year to date performance level of 76.8%.

Although the second six months show marked improvement over the first six months, the BMCW continues to work on removing impediments, as they are identified, which may have inhibited some children from meeting compliance with respect to Permanency and ASFA at their 15 month in OHC.

DISCUSSION:

There are 227 active children who did not meet compliance with ASFA guidelines. This number includes those who were not in compliance at the time they reached the 15th month in care, as well as a portion of the 877 children identified in IB3, which will be discussed later. A closer examination of the specifics of these cases in the future may provide information regarding systemic or common barriers which prevent children from achieving permanency in a timely manner.

Recognizing that issues ranging from a family's level of participation (or lack of), complex family related issues (chronicity), or the legal system may all negatively impact the timelines for a child to meet the timeliness of ASFA, continued efforts at strengthening the practice of concurrent planning may have a positive impact on meeting the timeliness of the ASFA expectations.

Meeting the 15th of 22nd month for ASFA is a process. There are multiple factors involved in the process to move a child into compliance, some of which may be:

- ❑ Identifying if an exception is appropriate and meets the standards,
- ❑ Understanding the dynamics of the family early on to determine if a TPR is appropriate,
- ❑ Recognizing other available elements of permanence for the child, or
- ❑ Concurrent planning.

Once a direction on permanence for a child has been identified, there are still numerous decisions that must be made. As a case manager is working through the levels of the decision-making process, strong supervisory management & consultation may be one factor to improve timeliness of meeting ASFA compliance and achievement of permanency for children.

ASFA - Children who were not in ASFA compliance at the start of Period 1

I.B.3. The next section pertains to the permanency of children who already have passed the ASFA deadline (15 months in out of home care) and who have not had a TPR filed nor an exception previously documented. The settlement agreement measure for this objective is the following: Of the children in BMCW custody more than 15 of the last 22 months in out of home care that do not have a TPR previously filed or an available exception previously documented, 75% of these children will have a TPR petition filed on their behalf or they will have an available Adoption and Safe Families (ASFA) exception documented in their case by the end of the period. The percentages will be calculated against a baseline of 877 children.

Period 1 75% (or above)

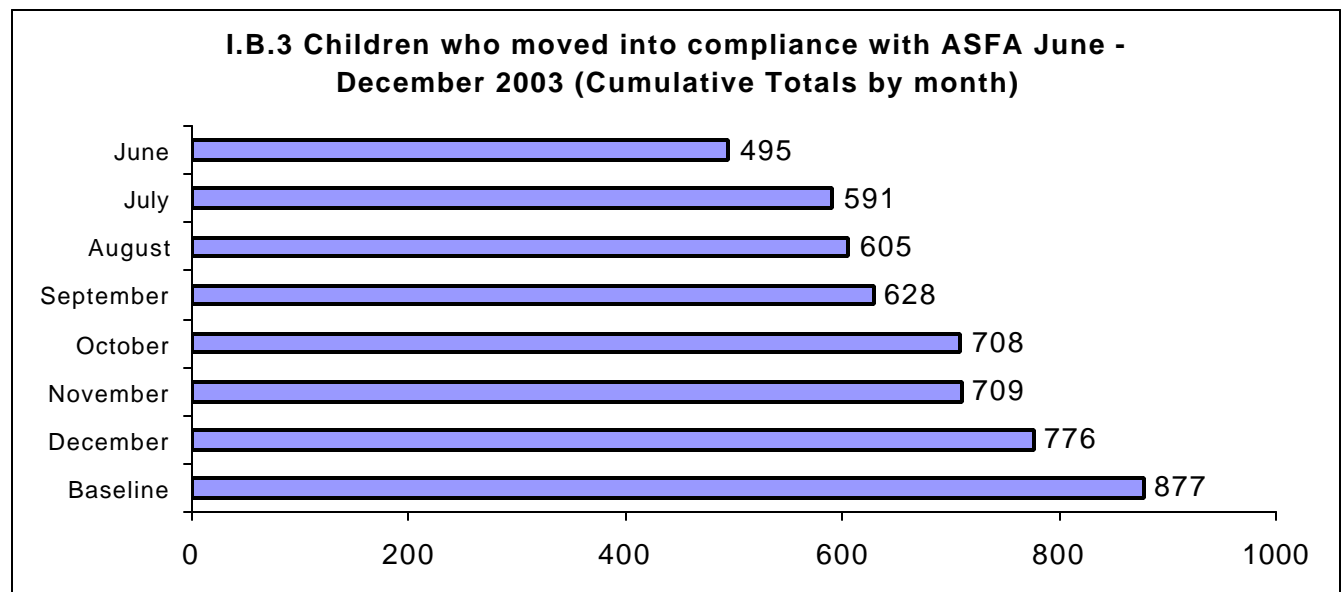
Actual Performance

January – December 2003: **88.5%**

Table E

	Children who “belatedly” moved into compliance with ASFA June - December 2003 (Cumulative Totals by month)	Baseline (Non Compliant Beginning of Period)	Point in Time Compliance for period
June	495	877	56.4%
July	591	877	67.4%
August	605	877	69.0%
September	628	877	71.6%
October	708	877	80.7%
November	709	877	80.8%
December	776	877	88.5%

Chart 6



	January - June	July - December	YTD 2003
BMCW	56.4%	88.5%	88.5%

With respect to I.B.3, the BMCW exceeded the performance expectation of 75% established in the settlement agreement with an actual performance percentage of 88.5%. On January 1st, 2003, there

were 877 children not in compliance by meeting the ASFA standards. BMCW continued to measure its efforts to move this group and identified progress for this group under the auspices of “belated compliance”. As the data in the above graph shows, “belated” compliance for the children in this group continued to steadily increase throughout the year. At the end of Period 1, there were approximately 101 children from this population who had not been moved into “belated” compliance (11.5%).

DISCUSSION:

Overall, 26.1% of the children moved into “belated” compliance through use of an allowable ASFA exception; 40% of these children had a TPR filed (average age of a child TPR’d was 7 yrs. old/Min age .2yrs old/Max age was 17 yrs old); approximately 11.7% had their cases closed during the period, 5.8% were reunified with their parents or primary caretaker, and another 0.6% had their cases closed with a Transfer of Guardianship to a relative.

The remaining children, who have not yet achieved “belated” compliance, can further be broken down. Approximately 7.2% are waiting for the DA to file a TPR, around 2% have indicated a TPR has been filed but it has not been recorded in WiSACWIS, and 2.3% are either in the beginning phase of starting the TPR process or involved in matching of a potential adoptive resource.

SAFETY

Maltreatment while in OHC – this measure identifies the number of children (and %) who were victims of a substantiated abuse and/or neglect allegation while in an Out of Home Care placement

I.C.1. The following objective pertains to BMCW’s efforts to ensure the safety of children in their care and the measures taken when incidents of alleged abuse or neglect of a child in BMCW custody do occur. The settlement agreement measure for this objective is the following: For Period 1, no more than .7% of children in BMCW custody shall be the victims of substantiated abuse or neglect allegations within the period by a foster parent or staff of a facility required to be licensed.

Period 1 .70% (at or below)

Actual Performance

YTD January – December 2003: **0.57%**

Table F

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	YTD
Completed Investigations – Determinations (N)	48	25	37	37	35	66	44	42	38	31	30	24	457
Children Maltreated by FP or agency staff (Substantiated Allegations) (N)	2	2	4	3	2	4	5	2	1	3	1	3	32
Children Entering Care (N)	79	88	94	75	73	88	75	121	135	129	99	53	1109
BMCW %													0.57%

- The percentage was calculated by identifying the number of children in an OHC placement on January 1st, 2003, (4472) and adding all children (1109) entering OHC during CY 2003 (5581). This total (5581 – which represents all children in OHC during the year) was then divided by the number of children in OHC who had a substantiated allegation (32) of maltreatment by a Foster Parent or agency staff during the year.

Data for the second six months of 2003 shows a slight decrease (3 fewer) in the number of children with a substantiated abuse or neglect allegation when compared to the first six months. The performance standard for this section is measured over a twelve-month period, and therefore takes the aggregate number of substantiation’s for the year. The BMCW met this period’s performance standard being under .70% with a rating of .57%.

DISCUSSION:

A breakout of the data for children with a substantiated allegation of maltreatment while in an OHC placement (as described in I.C.1) shows that 87.5% (28) of the substantiated allegations (CY 2003) involved a Foster parent; and 12.5% (4) by an agency staff of a licensed facility.

When looking at the “type” of maltreatment (Chart 7), which was substantiated, 53% were for Physical Abuse (PA); the next 29% were for Neglect, and 18% included Sexual Abuse (SA).

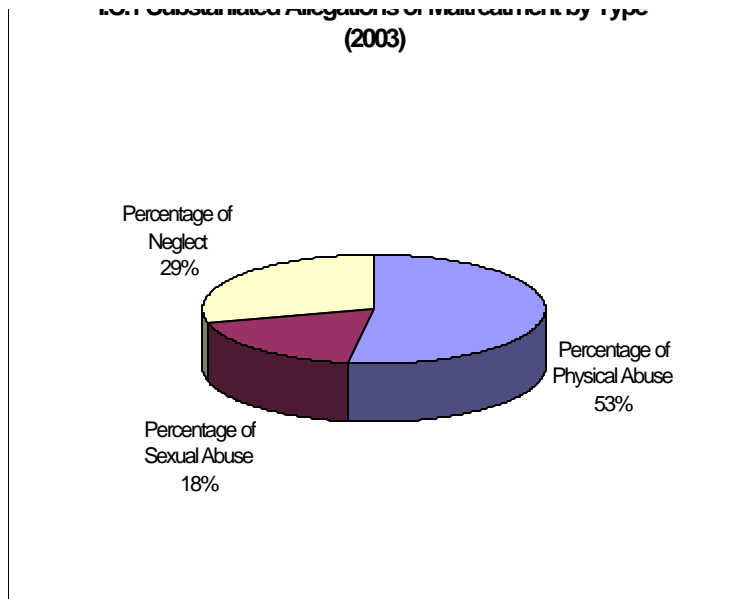


Chart 7

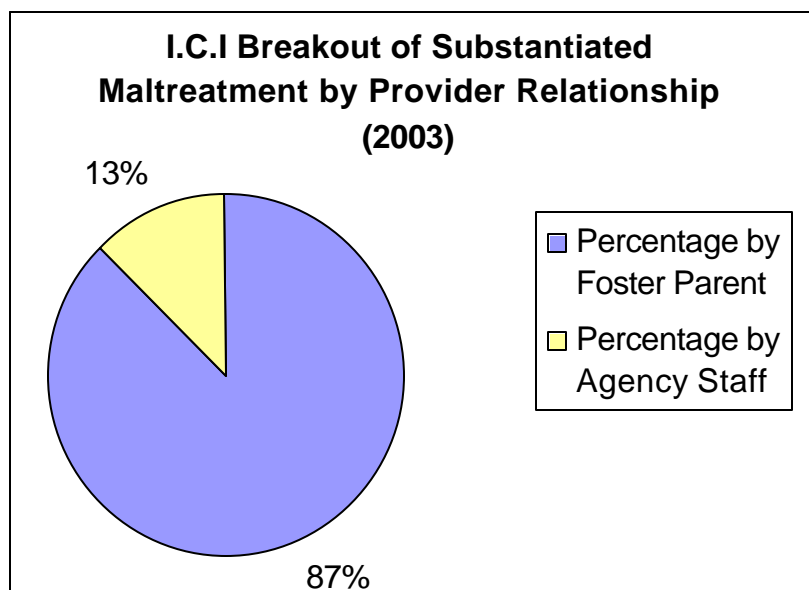


Chart 8

As the data in the Charts 7 & 8 appears to indicate, of all substantiations of Child Abuse and/or Neglect (for this Settlement Element), physical abuse is the most frequent within this data set. This data only refers to a one-year period (CY 2003), and does not clearly identify a trend. However, this information may be helpful when identifying needs of foster parents and services provided which promote safety, placement stability, and well being.

Timeliness of Independent Investigation Referrals from the BMCW INTAKE unit to the Investigative Agency

I.C.2. The timeliness of response regarding allegations of maltreatment of children in the custody of BMCW is another area that is reviewed in accordance with the settlement agreement. At least 80% of all reports within the period alleging abuse or neglect of a child in BMCW custody are to be referred from INTAKE to the independent investigation agency for independent investigation within three business days of the referral.

Period 1 80% (or above)

Actual Performance Standard
January – December 2003: **99.8%**

Table G

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Actual Number of reports requiring Independent Investigations during period	34	34	36	61	53	45	38	41	23	36	32	35	468
Number referred to Independent Investigations Agency within 3 business days	34	34	36	61	52	45	38	41	23	36	32	35	467
BMCW % (PIT)	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	99.8%

	January - June	July – December	YTD 2003
BMCW	99.6%	100%	99.8%

The BMCW implemented a process/protocol that was designed to ensure that independent investigations would be referred to the investigative agency within three business days. During the first six months of 2003, the BMCW met this expectation 99.6% of the time (in the month of May one report was not referred within three business days). Between July – December, all 205 of the reports requiring an independent investigation were referred to the independent investigation agency within three business days (100%). For the year, there were 468 reports that required an independent investigation, and of those, 467 (99.8%) were referred within three business days. The BMCW exceeded the Performance Expectation of Period 3 (90%) for both six month periods during CY 2003 (Period 1)

Timeliness of the Independent Investigation Agency assigning the referral from Intake to an Independent Investigator

I.C.3. Once the independent agency has received the referral, the terms of the settlement agreement further requires that the independent investigation agency assign the case to an investigator in a timely manner. It is expected that at least 80% of reports referred for independent investigation within the period shall be assigned to an independent investigator by the independent investigation agency within three business days of the independent investigation agency's receipt of the referral from BMCW.

Period 1 80% (or above)

Actual Performance Standard
January – December 2003: **99.6%**

Table H

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	YTD
Number of referrals to Independent Investigations Agency	34	34	36	61	52	45	38	41	23	36	32	35	467
Number Assigned within three business days	33	34	36	61	51	45	38	41	23	36	32	35	465
BMCW % (PIT)	97%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	99.6%

	January - June	July - December	YTD 2003
BMCW	98.9%	100%	99.6%

Between January to June, 98.9% of all reports were assigned to an investigator within three business days. During the second period July-December all 205 reports (100%) were assigned to an investigator within three business days, for a year to date average of 99.6%. The BMCW exceeded the Performance Expectation of Period 3 (90%) for both six month periods during CY 2003 (Period 1).

Settlement section I.C.2 provided data stating that 468 Independent Investigation Referrals had been sent to the Independent Investigative Agency. I.C.3 which monitors the timeliness and number that are assigned to an Independent Investigator only shows 467. This difference is the result of one referral of an Independent Investigation that was sent to the Independent Investigation agency that was not assigned to a Investigator – this referral was actually canceled after it had been sent to the Investigative Agency, before it was assigned to an Investigator.

Timeliness of the Independent Investigative Agency to complete the Independent Investigation once assigned to an Investigator

I.C.4. Wisconsin Statutes requires that the Independent Investigator complete its investigation and determination process in a timely manner, a requirement also reviewed within the settlement agreement. The determination, as required by section 48.981(3)(c)4. of the Wisconsin Statutes must be made within 60 days of receipt of the referral by the independent investigation agency in at least 80% of independent investigation's referred by BMCW.

Period 1 80% (or above)

Actual Performance Standard
January – December 2003: **97.6%**

Table I

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of determinations due to be completed for the period	48	25	37	37	35	66	44	42	38	31	30	24	457
Number of determinations completed within 60 business days during the period	46	24	37	36	34	63	44	41	36	31	30	24	446
BMCW % (PIT)	96%	96%	100%	97%	97%	96%	100%	98%	95%	100%	100%	100%	97.6%

		January - June	YTD 2003
BMCW	96.7%	98.5%	97.6%

The third area in examining the independent investigation process tracks the time to complete the independent investigations and provide a determination. Through January to June there were 248 independent investigations completed, of which 240 were completed within sixty days for a percentage of (96.7%). During the second half of 2003, there was a slight increase to 98.5% (206 of 209), that led to a year to date performance percentage of 97.6%. The BMCW exceeded the Performance Expectation of Period 3 (90%) for both six month periods during CY 2003 (Period 1). The above data (Table I) reflects updates of the January to June data that was originally presented.

Since the release of the first six month report (first six months of Period 1), nine additional cases were added to the totals (which were not available at the time of the first six-month report), reflecting an increase from the reported 239, up to 248. All of the nine additional reports were completed within 60 days of receipt of the referral.

Caseload size for Ongoing Case Managers

WELL-BEING

I.D.1. The next objective pertains to performance measures that impact the quality of efforts to ensure a child's well being. According to the terms of the settlement agreement, BMCW shall ensure that ongoing case managers shall have caseloads not to exceed a site average of 11 families for every case-carrying manager. Compliance with this requirement at any given point in time shall be measured by averaging each site's current monthly caseload average with the corresponding site averages for the preceding 2 months.

The above section identifies the settlement provision effective January 1, 2004 – the section below identifies the interim provision until the above standard is fully effective.

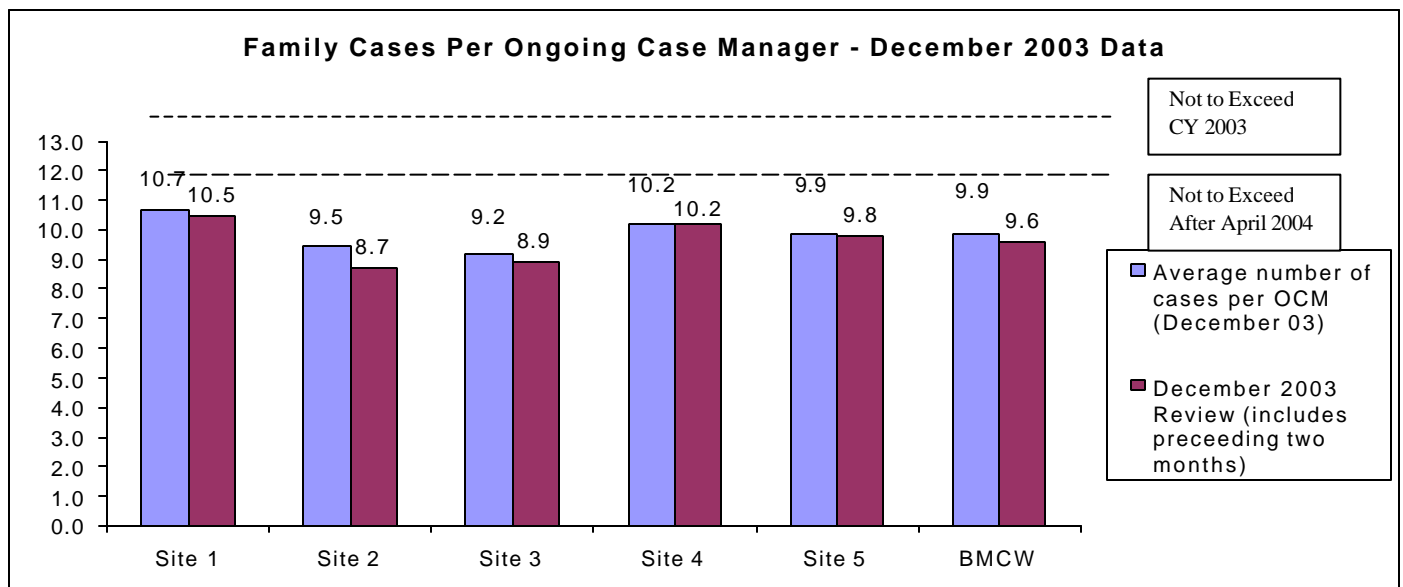
I.D.2 BMCW is also to phase-in the above provision incrementally. A caseload ratio of 11 cases per case manager is to be fully effective by Jan. 1, 2004, but not enforceable until April 1, 2004. During the phase-in period, that was initiated on January 1, 2003, no site will have average caseloads of over 13 families per case-carrying ongoing case manager.

Table J

	Jan 03 (Ratings for Period)	June	July	Aug	Sept	Oct	Nov	Dec
Site 1	11	11.1	10.8	10.6	10.4	10.4	10.4	10.5
Site 2	10.5	9.5	9.4	8.9	8.4	8.1	8.3	8.7
Site 3	11.3	10.2	10.1	9.5	9	8.6	8.7	8.9
Site 4	12	10	9.6	9.3	9.2	9.3	10	10.2
Site 5	11.2	9.4	9.8	10.3	10.3	9.9	9.7	9.8
BMCW	11.2	10	9.9	9.7	9.4	9.3	9.4	9.6

The information in table J and graph 9 identify the BMCW's progress with meeting this section of the settlement agreement. For the calculations, mentors who are carrying cases have been removed so that this number directly reflects the Ongoing Case Managers with an active caseload. As of December 2003, the BMCW and its sites met the expected performance standard of 13 cases per worker by identifying and average of 10 family cases per worker.

Graph 9



Average number of family cases per Ongoing Case Manager

	January - June	July - December	YTD 2003
BMCW	10.2	9.5	9.8

The average caseload size is dependent upon two key variables. These variables are (1) the total number of family cases in the BMCW during a given month and (2) the number of Ongoing Case Managers (OCM's). Between December 31, 2002 & December 31, 2003 there was a 17.9% percentage change in the number of families active within Ongoing services, a net difference of 454 families. The overall number of family cases in Ongoing Case Management appears to have started to decrease at a slower rate than in past years, and in some instances has leveled out. Even though the total number of families may be decreasing or showing a slight leveling off, there may be slight fluctuations month to month with the number of cases per OCM for the period under review as a result of staff entering and exiting employment. Below is the site-by-site data for this settlement section.

Table K

Site 1	Number of Families receiving ongoing services at the end of the month	Number of active case managers at the end of the month	Current average number of cases per case manager for MONTH	Rating for Period
Nov 02'	506	44	11.5	
Dec 02'	496	44	11.3	
January	483	47	10.3	11.0
February	482	47	10.3	10.6
March	469	44	10.7	10.4
April	467	42	11.1	10.7
May	455	42	10.8	10.9
June	453	40	11.3	11.1
July	452	44	10.3	10.8
August	450	44	10.2	10.6
September	455	43	10.6	10.4
October	448	43	10.4	10.4
November	442	43	10.3	10.4
December	438	41	10.7	10.5

Table L

Site 2	Number of Families receiving ongoing services at the end of the month	Number of active case managers at the end of the month	Current average number of cases per case manager for MONTH	Rating for Period
Nov 02'	463	40	11.6	
Dec 02'	451	41	11.0	
January	441	50	8.8	10.5
February	441	50	8.8	9.5
March	422	47	9.0	8.9
April	412	44	9.4	9.1
May	399	42	9.5	9.3
June	390	40	9.8	9.5
July	381	43	8.9	9.4
August	379	46	8.2	8.9
September	373	46	8.1	8.4
October	365	46	7.9	8.1
November	369	42	8.8	8.3
December	369	39	9.5	8.7

Table M
Site 3

	Number of Families receiving ongoing services at the end of the month	Number of active case managers at the end of the month	Current average number of cases per case manager for MONTH	Rating for Period
Nov 02'	502	44	11.4	
Dec 02'	501	42	11.9	
January	500	47	10.6	11.3
February	494	48	10.3	11.0
March	491	47	10.4	10.5
April	475	47	10.1	10.3
May	465	45	10.3	10.3
June	455	45	10.1	10.2
July	443	45	9.8	10.1
August	429	50	8.6	9.5
September	418	48	8.7	9.0
October	414	48	8.6	8.6
November	419	47	8.9	8.7
December	413	45	9.2	8.9

Table N**Site 4**

	Number of Families receiving ongoing services at the end of the month	Number of active case managers at the end of the month	Current average number of cases per case manager for MONTH	Rating for Period
Nov 02'	593	47	12.6	
Dec 02'	575	47	12.2	
January	547	49	11.2	12.0
February	521	46	11.3	11.6
March	521	49	10.6	11.0
April	480	46	10.4	10.8
May	473	48	9.9	10.3
June	468	48	9.8	10.0
July	457	49	9.3	9.6
August	438	50	8.8	9.3
September	434	45	9.6	9.2
October	434	45	9.6	9.3
November	443	41	10.8	10.0
December	417	41	10.2	10.2

Table O**Site 5**

	Number of Families receiving ongoing services at the end of the month	Number of active case managers at the end of the month	Current average number of cases per case manager for MONTH	Rating for Period
Nov 02'	514	45	11.4	
Dec 02'	512	42	12.2	
January	498	50	10.0	11.2
February	493	45	11.0	11.0
March	481	49	9.8	10.2
April	471	50	9.4	10.1
May	459	50	9.2	9.5
June	461	48	9.6	9.4
July	460	43	10.7	9.8
August	465	44	10.6	10.3
September	462	48	9.6	10.3
October	462	48	9.6	9.9
November	452	46	9.8	9.7
December	444	45	9.9	9.8

**Table P
BMCW**

	Number of Families receiving ongoing services at the end of the month	Number of active case managers at the end of the month	Current average number of cases per case manager for MONTH	Rating for Period
Nov 02'	2578	220	11.7	
Dec 02'	2535	216	11.7	
January	2469	243	10.2	11.2
February	2431	236	10.3	10.7
March	2384	236	10.1	10.2
April	2305	229	10.1	10.2
May	2251	227	9.9	10.0
June	2227	221	10.1	10.0
July	2193	224	9.8	9.9
August	2161	234	9.2	9.7
September	2142	230	9.3	9.4
October	2123	230	9.2	9.3
November	2125	219	9.7	9.4
December	2081	211	9.9	9.6

Face to Face Contact – Expected Performance Levels

I.D.3. Another measure of child well being involves the frequency of interactions between case managers and the family. BMCW requires monthly face-to-face visits of children by its case managers. The Ongoing contract identifies a performance incentive for achieving the BMCW standard of 95%. By January 1, 2003, and thereafter for the duration of this agreement, BMCW will include a contract holdback provision (performance incentive) in its BMCW site case management contracts (for each BMCW case management site) that will impose a sufficient holdback on each site that does not meet 90 % compliance with monthly face-to-face visits of children in BMCW custody by their case manager.

The Ongoing Contracts States:

5.3.1.3.1 At least once every 30 days case managers have face to face contact with all children on their caseload, consistent with the BMCW policy for Frequency and Documentation of Contacts with Children and Families. The Contractor will earn a performance incentive payment if this standard is met for at least 95% of the children under its supervision for the month. Attempted or unsuccessful contacts may not be counted in meeting the standard.

Table Q

Entity Signing Contract - Signatories	Parties	When Contract Executed	Contract Period
Site 1 William R. Fiss Sharon Dossett Thomas Gazzana	DCFS/DHFS WCSN Children's Health Systems	12.13.02 01.07.03 01.07.03	January 1, 2003 through December 31, 2003
Site 2 William R. Fiss Sharon Dossett Thomas Gazzana	DCFS/DHFS WCSN Children's Health Systems	12.13.02 01.07.03 01.07.03	January 1, 2003 through December 31, 2003
Site 3 William R. Fiss Michael M. Kenitz	DCFS/DHFS IFPI	12.13.02 12.27.02	January 1, 2003 through December 31, 2003
Site 4 William R. Fiss Francis B. Gaunt	DCFS/DHFS LaCausa	01.02.03 01.03.03	January 1, 2003 through December 31, 2003
Site 5 William R. Fiss Michael M. Kenitz	DCFS/DHFS IFPI	12.13.02 12.27.02	January 1, 2003 through December 31, 2003

Face to Face Contact – By Site Performance Levels

I.D.4. Another provision in this area included BMCW's enforcement of a holdback provision in cases of noncompliance for monthly face-to-face visits beginning with July 2003. All sites are required to meet or exceed face-to-face visits on 90% of the children on their caseload.

Period 1: 90% (or above)

Actual Performance

January – December: **90%**

Table R

	Site 1	Site 2	Site 3	Site 4	Site 5	Monthly	YTD
January	75%	83%	75%	63%	63%	72%	72%
February	82%	87%	80%	67%	68%	77%	74%
March	86%	87%	82%	81%	72%	82%	77%
April	91%	94%	89%	91%	89%	91%	80%
May	90%	95%	85%	91%	89%	90%	82%
June	93%	95%	88%	95%	88%	92%	84%
July	96%	97%	93%	95%	90%	95%	85%
August	96%	96%	96%	91%	96%	95%	86%
September	98%	97%	96%	97%	94%	96%	87%
October	99%	98%	97%	96%	98%	98%	88%
November	99%	99%	95%	96%	98%	97%	89%
December	99%	98%	97%	96%	98%	98%	90%

Face to Face Contacts with Children:

	January - June	July - December	YTD 2003
BMCW	84%	96.4%	90%

Although the Settlement Agreement requires 90% compliance for this section, the BMCW increased the performance level to 95% for a contractor to earn a performance incentive. The percentages in the above table represent each site's monthly performance. The shaded boxes are months where the 95% threshold was met.

BMCW observed that from April 2003 through the end of year data, the sites' level of performance continued to improve:

April: All five sites were under the performance expectation of 95%

May: One of the five sites met the expected standard of 95%

June: Two of the sites met the standard

July: Three sites met the expectation standard

August/September: Four sites met the standard

October through December: All sites met or exceeded the 95% performance expectation standard.

Face-to-Face contact showed significant progress throughout calendar year 2003. During the first three months (January – March), BMCW did not achieve the monthly target of 90%. During the first six months of calendar year 2003, the BMCW met approximately 84% compliance. In the second half of 2003, there was an increase at all sites in the performance of the Ongoing Case Managers. That is, the percentage of children who were being seen with face-to-face contact for the six month period from July through December jumped to 96%, with an overall January through December 2003 year to date average of 90%.

5.3.1.3 Subject to sections 5.3.1.4 and 5.3.1.5, the Contractor will earn a performance incentive payment in the amount of 1% of staff and administrative costs based on 1/12 of the total funding for staff and administrative expenses for the Contract year for each of the following standards it meets. Unless provided otherwise, the Contractor may earn a performance incentive payment in each month of the Contract beginning with the first Contract month. The Department will transfer an amount equal to each performance incentive payment earned to the Contractor's staff and administration funding line on the Department's payment reporting system. Failure to meet the performance standards will not only cause the Contractor to fail to earn the performance incentive payments, but may subject the Contractor to the withholding and deduction provisions authorized under this Contract.

As outlined in the settlement agreement, beginning July 2003, enforcement of a holdback provision in cases of noncompliance for monthly face-to-face visits was implemented. Between July – December the following sites (Table S) did not meet the performance expectation of 95%, and therefore were not eligible to earn a performance incentive payment for that period:

Table S

Month	Site	Actual Performance Level	Unearned Performance Incentive (for Month)
July	Site 3	93%	\$2,615.00
	Site 5	90%	\$2,615.00
August	Site 4	91%	\$2,615.00
September	Site 5	94%	\$2,615.00

Below are the monthly site by site numbers (Tables T - X) showing the number of face to face visits. The grayed out fields identify by month and by year to date those months where the sites did not meet the 90% performance expectation of the settlement agreement.

Table T

Site 1	Number of children with a successful face to face visit	Total number of children without documented contact	Compliance percentage for month	Compliance Percentage YTD
January	685	231	75%	
February	694	148	82%	78%
March	702	113	86%	81%
April	726	76	91%	83%
May	732	84	90%	84%
June	727	53	93%	86%
July	752	28	96%	87%
August	735	27	96%	88%
September	724	16	98%	89%
October	723	9	99%	90%
November	696	9	99%	91%
December	706	6	99%	91%

Table U

Site 2	Number of children with a successful face to face visit	Total number of children without documented contact	Compliance percentage for month	Compliance Percentage YTD
January	610	127	83%	
February	608	91	87%	85%
March	591	92	87%	85%
April	628	38	94%	88%
May	688	35	95%	89%
June	639	33	95%	90%
July	626	20	97%	91%
August	612	23	96%	92%
September	591	20	97%	92%
October	595	10	98%	93%
November	567	3	99%	93%
December	557	10	98%	94%

Table V

Site 3	Number of children with a successful face to face visit	Total number of children without documented contact	Compliance percentage for month	Compliance Percentage YTD
January	615	208	75%	
February	624	157	80%	77%
March	626	133	82%	79%
April	684	85	89%	81%
May	683	119	85%	82%
June	656	86	88%	83%
July	659	48	93%	84%
August	658	24	96%	86%
September	673	30	96%	87%
October	651	22	97%	88%
November	620	31	95%	88%
December	620	18	97%	89%

Table W

Site 4	Number of children with a successful face to face visit	Total number of children without documented contact	Compliance percentage for month	Compliance Percentage YTD
January	589	344	63%	
February	583	288	67%	65%
March	676	162	81%	70%
April	807	76	91%	75%
May	840	82	91%	79%
June	823	42	95%	81%
July	795	38	95%	83%
August	748	74	91%	84%
September	764	26	97%	85%
October	754	28	96%	86%
November	714	30	96%	87%
December	709	26	96%	88%

Table X

Site 5	Number of children with a successful face to face visit	Total number of children without documented contact	Compliance percentage for month	Compliance Percentage YTD
January	456	266	63%	
February	438	209	68%	65%
March	452	180	72%	67%
April	606	78	89%	73%
May	663	85	89%	76%
June	604	85	88%	78%
July	612	66	90%	80%
August	630	28	96%	82%
September	615	38	94%	83%
October	637	11	98%	85%
November	623	13	98%	86%
December	604	11	98%	87%

Table Y

BMCW	Number of children with a successful face to face visit	Total number of children without documented contact	Compliance percentage for month	Compliance Percentage YTD
January	2955	1176	72%	
February	2947	893	77%	74%
March	3047	680	82%	77%
April	3451	353	91%	80%
May	3606	405	90%	82%
June	3449	299	92%	84%
July	3444	200	95%	85%
August	3383	176	95%	86%
September	3367	130	96%	87%
October	3360	80	98%	88%
November	3220	86	97%	89%
December	3196	71	98%	90%

*During any given month, on average, there can be up to two hundred children who are not part of the universe of children included for face to face contact. This group includes but is not limited to children who reside in an out of state placement, children in non-contiguous counties, or children who may be on an extended vacation with their foster family (for the duration of the month).

** Prior to the settlement agreement, Ongoing Case Managers (OCM) documented face to face contact in the narrative section of a case note. To effectively monitor face to face contact using the WiSACWIS system, enhancements were made that included adding data fields with specific values for the OCMs to complete in addition to the narrative section. These enhancements were new to the system in January 2003, and required additional training to teach the OCM staff their purpose and how to use them correctly. There was a learning curve at the start of the year for many OCMs, learning to select the correct field values associated with the type of visit. If a worker did not select the correct values, the software program developed to track the visits would identify the child as not having a face to face visit. Throughout the year, staff have continued to improve these skills and have demonstrated progress in this key area of documentation.

Phase Out of Temporary Shelters

D. 5. The use of shelter placements shall be phased out entirely.

The BMCW phased out all shelter placements by December 31, 2003 (see attachment D 1).

D. 6. By December 31, 2003, and thereafter, no child shall be placed in a shelter.

The BMCW no longer uses shelters as a placement for children (see attachment D 2).

The Bureau of Milwaukee Child Welfare (BMCW) was successful in meeting the requirements to phase out the use of temporary shelter for children in Milwaukee County. Effective December 23, 2003, use of temporary shelter ended. All children who were in shelter were planfully moved to an appropriate foster home, returned home safely or placed in one of the new facilities.

With all due respect to the Bureau's former shelter providers, children entering out of home care needed a more home like environment, as well as additional care and attention beyond what then existing shelter facilities were established to provide. Temporary shelters formerly used by the Bureau were typically licensed for up to 20 youth. The Bureau began meeting with shelter partners, foster parents, special interests and advocacy groups; and other concerned citizens in December 2002 to discuss plans for the shelter phase out, to provide assistance with business planning activities, and to articulate the vision for the Adolescent Assessment Centers and Placement Stabilization programming for the future. Subsequent meetings were held January 31, 2003, March 24, 2003, and March 31, 2003.

A Request for Proposal was issued by the BMCW on October 23, 2003 describing the types of programming requirements for adolescents entering out of home care and the program changes BMCW was requiring to replace temporary shelter care. Proposals were due on November 24, 2003. A proposer's conference was held on November 4, 2003, to discuss the competitive procurement process, to describe the design of the proposed Adolescent Assessment Center programs and to respond to questions from potential responders to the RFP. Copies of the RFP and summary of the proposer's conference information are attached.

The BMCW designed and implemented the following programming to replace temporary shelter for youth age 12 and over:

I. ADOLESCENT ASSESSMENT CENTERS

Purpose: The purpose of the Adolescent Assessment centers is to provide a short term placement for youth ages 12-18 who are entering out of home care for the first time. The centers will provide a safe and nurturing home like environment with adult supervision, where youth can be cared for and their needs can be identified and assessed to determine the most appropriate type of placement resource if youth need to remain in out of home care. Each program location will serve no more than eight youth at one time. Where possible, sibling groups will be placed together. Every effort is made to ensure that the youth continues in their current school and that other community ties and activities are continued and maintained while the youth resides at the assessment center. Placements cannot exceed 30 days unless the placement is extended in accordance with applicable state law. Agency staff must demonstrate on a daily basis their ability to recruit and retain quality staff who are committed and competent in understanding, supervising, and working with adolescents. They must also provide transportation to medical appointments, evaluations, to school, and for visitation with other siblings and family members.

II. PLACEMENT STABILIZATION CENTERS

Purpose: The purpose of Placement Stabilization Centers is to provide short term placement for adolescents 12- 18 years whose foster home placement disrupts. This type of programming is used for youth who were already in out of home care but who need to be moved to another placement. The primary goal of the stabilization centers is to provide a supportive and caring environment where the youth's behavior can be stabilized. The staff are to conduct assessments on the youth in the areas of behavior, educational, emotional and social functioning. They must also coordinate multi disciplinary evaluations that identify the adolescent's specific needs. They are also required to provide individually tailored activities of daily living and independent living skills. The assessments and other information will be used to identify and select the best type of home or placement for the youth. Each of these centers is to provide a home like environment serving no more than 8 youth at any time. While placed in the center staff are required to whenever possible maintain the youth's ties to their family, school and other meaningful social activities.

Selection of Providers:

Consistent with the RFP procurement process, the Bureau identified a panel of outside reviewers to rate the proposals received. Using the scoring system and criteria described in the RFP, the panel selected the top scoring proposals and forwarded their recommendations to the Bureau. On December 3, 2003, the bureau issued intent to award letters and began negotiating contracts shortly thereafter. Contracts were signed with the following providers by December 31, 2003 (Attachment E):

Adolescent Assessment Providers:

Contracted Facilities – Capacity – Date Opened

Bridges of Tomorrow-Adolescent Assessment Center

Bed Capacity: 8
Gender: Females
Opened: 12-23-03

Lutheran Social Services-Adolescent Assessment Center

Bed Capacity: 8
Gender: Females
Opened: 1-5-04

Your Children Our Children-Adolescent Assessment Center

Bed Capacity: 6
Gender: Males
Opened: 12-23-03

St Charles-Adolescent Assessment Center

Bed Capacity: 6
Gender: Males
Opened: 12-23-03

Placement Stabilization Centers:

St Charles-Placement Stabilization Center

Bed Capacity: 8
Gender: Males
Opened: 12-23-03

St Charles-Placement Stabilization Center

Bed Capacity: 8
Gender: Males
Opened: 12-23-03

My Home Your Home-Placement Stabilization Center

Bed Capacity: 8
Gender: Males
Opened: 12-29-03

St Rose-STAGES Program-Placement Stabilization Center

Bed Capacity: 11
Gender: Females
Opened: Date not available at this time

(See Attachment C for Program Standards)

Ongoing Quality Assurance To ensure the new facilities are meeting the children's needs and are providing quality services consistent with the new programming intent, the Bureau has implemented the following activities:

- On-site visits were conducted to all centers prior to placing any new children in the centers under the contract to provide services as an Adolescent Assessment Center or Placement Stabilization Center
- Unannounced visits to all Adolescent Assessment Center or Placement Stabilization Centers that had children placed under the contract occurred on January 5, 2004.
- An Inservice to all staff from the Adolescent Assessment Center or Placement Stabilization Centers occurred on January 8, 2004. The purpose of the Inservice was to:
 - Review RFP requirements
 - Review identified issues, which were then followed up on with the appropriate BMCW staff.
- A meeting with BMCW Site Managers and Program Managers and the Program Manager/designated staff from the Adolescent Assessment Center and Placement Stabilization Centers occurred on 1/21/04. The purpose of the meeting was to:
 - Review issues that were raised at Inservice (improvement noted)
 - Review new issues and resolved issues
- BMCW staff is scheduling on-site visits during next two weeks and will coordinate with the Bureau of Regulation and Licensing.

Issues that were identified at the Inservice and resolved include:

- Ensuring staff are providing placement packets at the time of admission
- Ensuring that extension requests are completed in a timely manner
- Ensuring that confidentiality is not a barrier to gathering historical information on a child
- Ensuring timely communication from case manager to the staff

BMCW will continue to assess the quality and effectiveness of the new programming during 2004.

D. 8. The Division of Children and Family Services shall make its best efforts to seek legislative approval of foster parent reimbursement rates consistent with USDA standards.

The Division of Children and Family Services (DCFS), as required by the settlement, made its best efforts to seek legislative approval to increase Wisconsin's foster parent reimbursement rates consistent with USDA standards.

The Division submitted a proposal as part of the 2003-05 biennial budget process to increase foster care reimbursement rates in Wisconsin.

DCFS recommended increasing Wisconsin foster care rates to the average Region V calendar year 2001 foster care rate over CY04 – CY 06 and requesting \$1,713,800 GPR and \$810,000 FED in FY04 and \$156,000 GPR and \$2,438,700 FED in FY05 for this purpose.

The budget proposal was not included in the proposals that were sent from the Department of Health & Family Services to the Department of Administration.

(See Attachment B – Department of Health and Family Services 2003-2005 Biennial Budget Issue Paper August 19, 2002)

SETTLEMENT SECTIONS WHERE THE BMCW HAS NOT MET PERIOD 1 TARGETS:

The data presented in the following section are areas where the BMCW has not met the expected performance standard for Period 1 targets:

As with the previous section discussing achieved target measures, these areas are also categorized under the key performance objectives of Permanency, Safety and Well-Being.

PERMANENCE

Length of Stay – Length of time a child resides in Out of Home Care placements

I.B.4. Within Period 1, if the State does not obtain a federal Title IV-E waiver allowing subsidized guardianship before January 1, 2003, then no more than 40% of children in BMCW out-of-home care shall be in care for more than 24 months. The percentage shall be calculated against a baseline of 5533 children in BMCW out-of-home care.

Period 1 40% (at or below)

Status of Guardianship Waiver: The State submitted a revised application/proposal for a subsidized guardianship waiver in January 2004. A decision is expected by Spring 2004.

Actual Performance

YTD January – December 2003: **44.2% (as calculated against the baseline of 5533)** Table A

	Number of children in OHC greater than 24 months	Compliance percentage for month (as calculated against baseline of 5533)	Compliance Percentage YTD (calculated against baseline of 5533)
January	2810	50.8%	
February	3184	57.5%	54.2%
March	2878	52.0%	53.4%
April	2658	48.0%	52.1%
May	2526	45.7%	50.8%
June	2413	43.6%	49.6%
July	2489	45.0%	48.9%
August	2236	40.4%	47.9%
September	2150	38.9%	46.9%
October	2064	37.3%	45.9%
November	1985	35.9%	45.0%
December	1967	35.6%	44.2%

	January - June	July - December	YTD 2003
BMCW (all Sites)	49.6%	38.8%	44.2%

As the data indicates in Table A, the YTD compliance percentage calculated against a baseline of 5533 was 44.2%. The BMCW did not meet the compliance standard for this measure. Table A also summarizes the semi-annual changes in the percentage of children in care 24 months or more during 2003.

DISCUSSION:

Chart 1

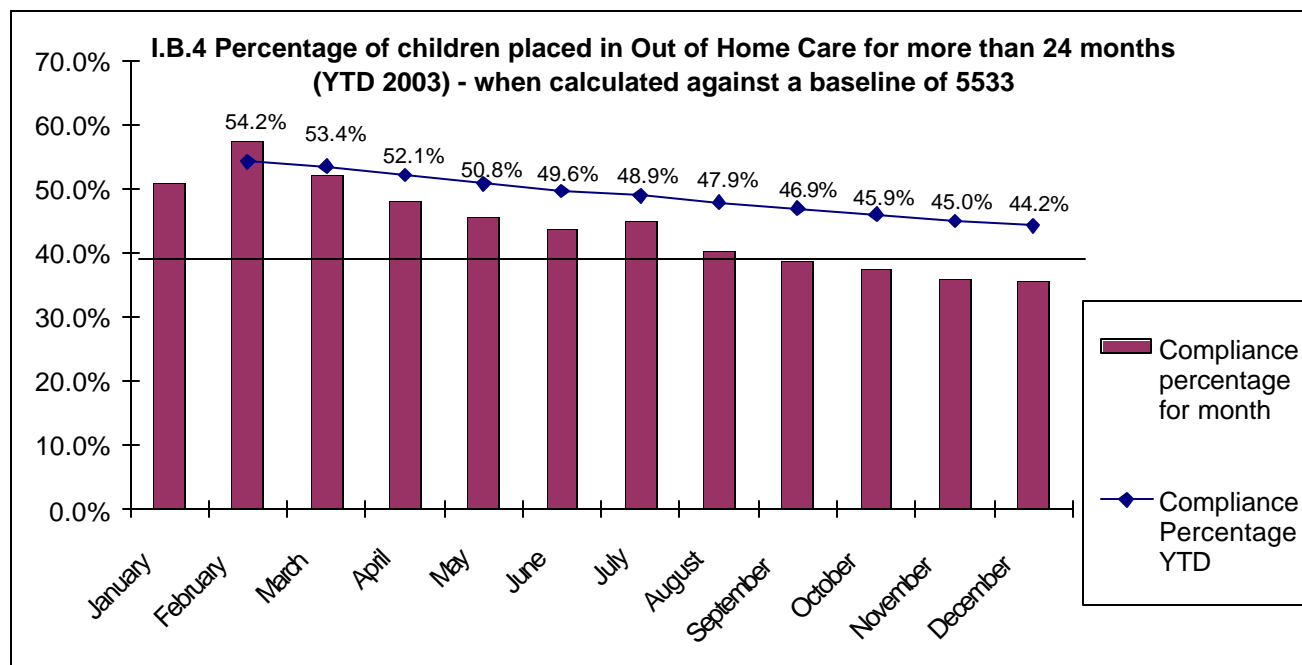


Chart 1 provides greater detail of the gradual change in the number of children whose Length of Stay (LOS) has been 24 months or more, as measured against the baseline of 5533. The BMCW achieved continued improvement in monthly compliance levels during September (38.95), October (37.3%), November (35.9%) and December (35.6%). The data also indicates a potential trend toward decreasing the length of stay in out of home care.

Information about children with a length of stay of 24 months or more:

Permanency Goals

According to WiSACWIS information regarding permanency goals for children with a length of stay 24 months or more;

- 29.9 % have a current goal of Adoption
- 17.4% have a current goal of Permanent placement with a fit and willing relative
- 15.8% have a current goal of Reunification
- 15.1% have a current goal of Transfer of Guardianship
- 14.2% have a current goal of Long Term Foster Care
- 3.6% have a current goal of Independent Living
- 3.44% have a current goal of Sustaining Care (TPR)

Placements

- 49.3% reside in a Court ordered non relative placement
- 26% in a Court ordered home of relative
- 14.2% in Court ordered kinship placement
- Overall, 40.2% in a “relative” placement
- 33.3% of placements with siblings together.

(Length of stay and Placement stability is addressed in the section Well-Being)

The scope of this section (LOS) did not specifically include reviewing children in “higher level of care placements”, as a separate group. In the future, it may be beneficial to identify the movement of children within the system between placement types (children from a more intensive care to a lower level of care, children from a lower level of care into a higher level of care, etc.), identifying different length of stays relating to placement type and exits from care. This type of information could then be used to baseline different LOS in placement types, and movement between placements.

Disability

19.3% of children in care 24 months or more have a diagnosed disability recorded in WiSACWIS. Of the children with a disability in care 24 months or more, 22.6% reside with a relative.

Data indicates that children in out of home care 24 months are more likely than other children to have a diagnosed disability. This data did not include a review of the extent/severity of the disability.

Although the BMCW did not meet the expected performance standard, progress was made. LOS for children in the system will continue to require active participation, analysis, and planning to ensure that children achieve permanency within a timely manner. Permanency can be achieved through multiple means and with each site actively exploring options for the children, working together with the courts, families and other systems, viable options and opportunities for children may provide most importantly a shorter LOS for children in OHC placements.

I.B.5. If the State successfully obtains a federal Title IV-E waiver allowing subsidized guardianship before January 1, 2003, then no more than the following percentages of children in BMCW out-of-home care within the period shall be in care for more than 24 months. The percentage shall be calculated against a baseline of 5533 children in BMCW out-of-home care.

Period 1 40%

Please refer to information presented above – This Section is Not Currently Applicable

Adoptions within twenty-four months of removal

I.B.7. This section pertains to the timeliness of adoptions. At least 20% of children for whom an adoption is finalized within the period shall exit BMCW out-of-home care within 24 months of entry into care.

Period 1 20% (or above)

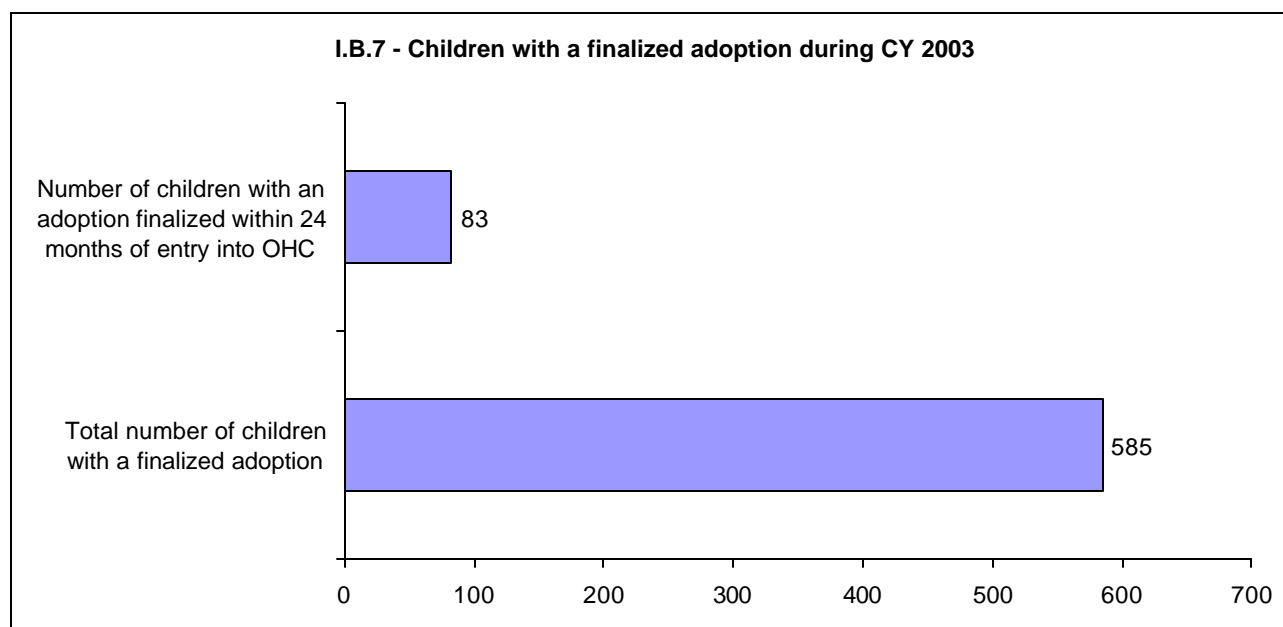
Actual Performance

YTD January – December 2003: **14.2%**

Table Z

Time to Adoption	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	YTD
24 months or less	4	7	5	3	2	3	6	10	11	14	12	6	83
Monthly Percentage	9.1%	11.7%	13.5%	5.3%	7.4%	6.4%	15.4%	18.9%	25.0%	23.7%	17.4%	12.2%	14.2%
25 months or more	40	53	32	54	25	44	33	43	33	45	57	43	502
Monthly Percentage	90.9%	88.3%	86.5%	94.7%	92.6%	93.6%	84.6%	81.1%	75.0%	76.3%	82.6%	87.8%	85.8%
Total Number of Finalized Adoptions	44	60	37	57	27	47	39	53	44	59	69	49	585

Chart 10



	January - June	July - December	YTD 2003
BMCW	8.9%	18.8%	14.2%

BMCW did not meet the Period 1 Performance Standard of 20% or above for this measure. However, the total number of adoptions for CY 2003 (585) was higher than any previous year and

included a large number of children who had been in care for an extended period of time. Additionally, the Bureau was able to show an increase in both the number and percentage of finalizations meeting this criterion during the second half of the year. The monthly percentage was above 20% during two months (September and October). The percentage for the second half of the year was 18%, more than double the percentage achieved during the first six months of the reporting period.

The data in table Z (January – December) include updated data for the first six-month period (January – June) which was not available at the time of the first six-month report.

WELL-BEING

Placement Stability – Children with three or fewer placements in OHC

I.D.9. Placement disruption critically impacts child well being, and this measure looks at the number of placements that a child experiences. The target measure is for at least 80% of children in BMCW custody within the period to have had three or fewer placements after January 1, 1999, during their current episode in BMCW custody.

The number of placements will exclude time-limited respite care placements and those returns to the same caretaker after an intervening placement during the same out-of-care episode. Those children in BMCW custody through the Wraparound Milwaukee program shall be excluded from this calculation.

Period 1 80% (or above)

Actual Performance

YTD January – Dec 2003: **75.9%**

Table B

Placements	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	YTD Annual
Three or Fewer (N)	2158	2026	2114	2038	2015	2144	2208	2393	2479	2398	2395	2325	
Percentage (PIT)	73.6%	73.5%	74%	73.7%	73.6%	80.8%	77.9%	77.3%	76.3%	76.8%	76.5%	76.5%	
Four or More	775	729	741	728	723	511	628	704	768	723	735	715	
Percentage (PIT)	26.4%	26.5%	26%	26.3%	26.4%	19.2%	22.1%	22.7%	23.7%	23.2%	23.5%	23.5%	
Total Percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75.9%

	January - June	July - December	YTD 2003
BMCW	74.8%	76.8%	75.9%

Table B provides detailed information regarding the number of children and placements during 2003. As the data indicates the YTD compliance percentage was 75.9%. The BMCW did not meet the compliance standard for this measure.

Table B also summarizes the semi-annual changes in the percentage of children with three or fewer placements. At the end of the first six-month period, the BMCW had reached 74.8%, of the expected standard. In the second six-month period, slight overall improvement was made with a year to date performance of 75.9%. Between January and December, the number of children with four or more placements dropped 7%.

DISCUSSION:

The analysis so far has not included length of stay as a variable in the placement stability process. The following information provides data as a point in time (PIT), as well as year to date (YTD), when combining length of stay and placement stability dynamics.

Table C depicts a PIT data set of children in out of home care for 12 or fewer months by the number of placements and age.

Table C

	Children in OHC 12 or fewer months								
	Ages								
Placements	0 - 2 yrs old	2-4	4-6	6-8	8-10	10-12	12-14	14-16	16-18
1 placements	99	50	38	37	26	32	32	30	22
2 placements	42	31	31	28	21	24	13	13	15
3 placements	18	8	6	7	9	2	4	6	7
4 + placements	3	1	1		3	8	6	7	4

The data indicate that overall, children 0 to 2 years of age in care 12 or fewer months represent the largest number of children who had one placement and who moved into a second or third placement within 12 months. This is relevant considering the young age and developmental needs of these children. Table C also identified a subgroup of children, who upon entering out of home care, experience many quick placement changes. As BMCW reviews placement stability, it is equally important to keep an eye on those children who not only have multiple placements, but also have multiple and rapid placements over a much shorter period of time. As previously stated further analysis is needed to determine the movement of children between placement types and length of stay.

Chart 2

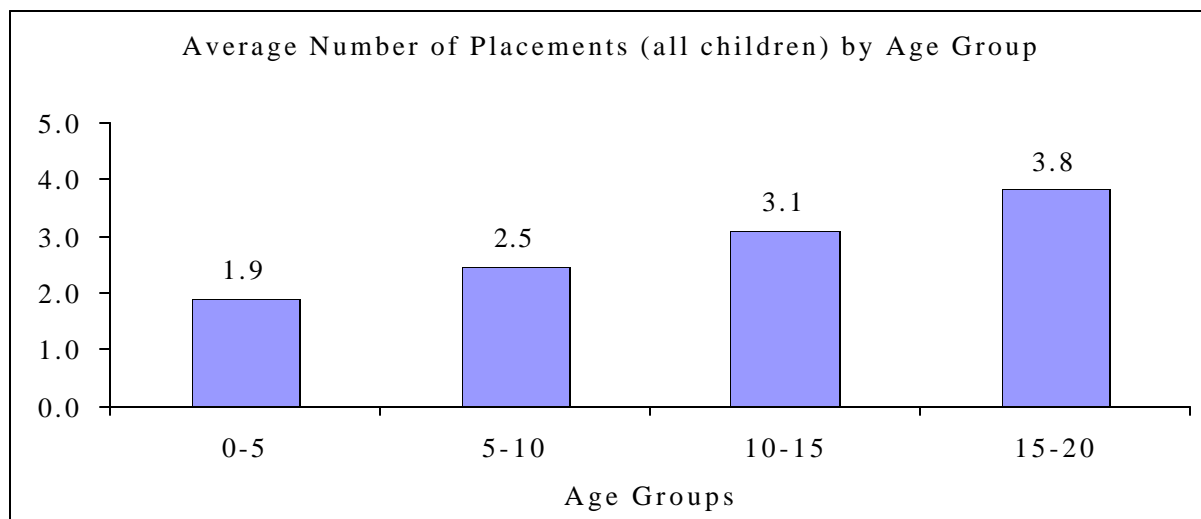


Chart 2, above, portrays a point in time data set (Dec 03) of the average number of placements for children in four age groups. The data indicate that older children experienced more placements, on

average, than younger children. The data presented are independent of length of stay and solely identify average placements by age group as of December 2003.

Chart 3

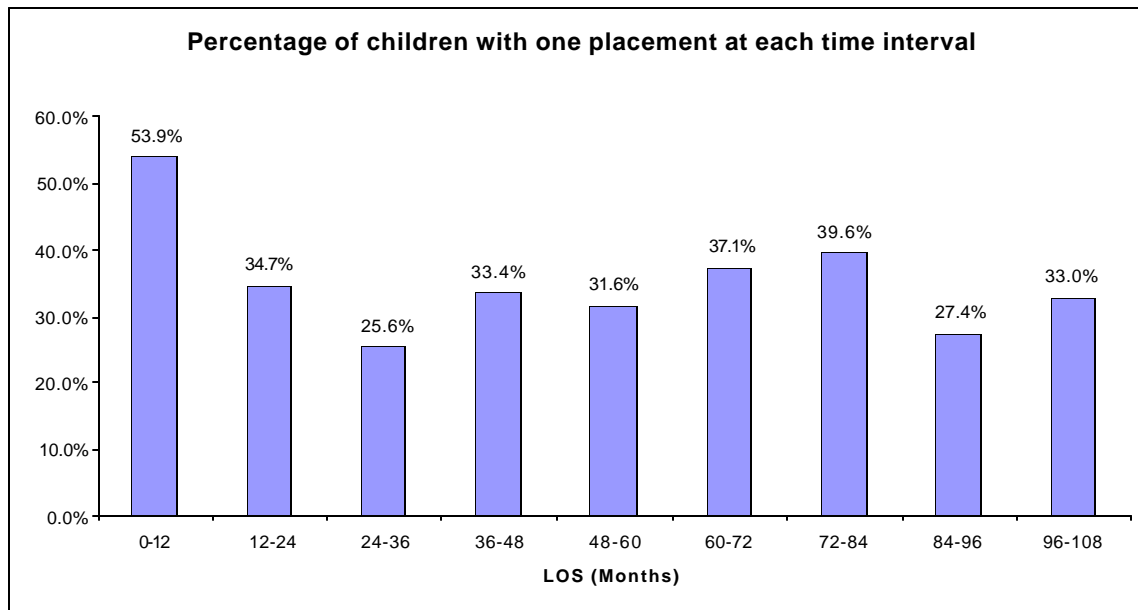


Chart 3 represents a year to date data set of the percentage of all children in out of home care who have one placement based on a twelve month interval in care. The data indicate a consistent and continual decrease in placement stabilization for children in prolonged out of home care. In other words, children in care over 12 months, regardless of age, may be at risk of additional placements the longer they are in care.

Chart 4

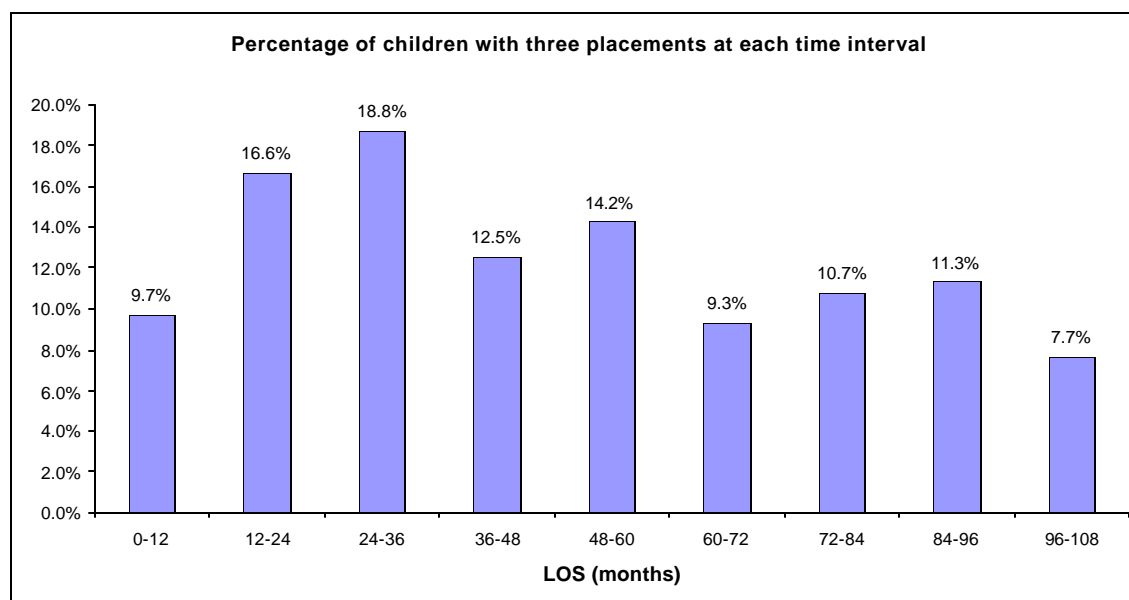


Chart 4, above, represents a year to date data set and shows the percentage of children by length of stay with three out of home care placements. Based on December 2003 data, approximately 13% of

all the children in out of home care are in their third placement. The chart also indicates that of those children, regardless of age, the percentage of children with 3 out of home placements decreases over time.

The data presented at each length of stay interval show that of all the children within those categories the largest percentage of children has been in one out of home care placement. When looking at overall trending it appears that around the 60 month point in time that a child is in out of home care when we start to see the percentage of children with more than four placements exceed the percentage of children with three placements. This diffusion of placements continues through the continuum of care. Overall, the data indicates that independent of age, some children quickly spiral up in their number of placements once the child has had a 4th placement. Age only becomes a factor for predicating risk of additional placements when coupled with the child's length of stay in out of home care. In other words as a child ages in out of home care the potential for multiple placements increase.

Information about children in Out of Home Care:

- 2.8 is the average number of placements per child
- The average age is 10 years old – the Median age is 10.8 yrs old
- Males – average number of placements is 2.9 and their average age is 9.8 yrs old
- Females – average number of placements is 2.7 and their average age is 10.2 yrs old
- Children with 4 or more placements in the same age groups as children with 3 or fewer placements experience 2.6 to 3.2 more placements.
- 80% of children with 4 or more placements have been in OHC for 24 or more months

As a subgroup of the above, 490 children are identified in WiSACWIS of having a diagnosed disability:

- 3.8 is the average number of placements for children with a diagnosed disability recorded
- 11.9 is the average age for children in this subgroup
- 15.4% of the OHC population have a diagnosed disability entered into WiSACWIS
- On average for all children in Higher Level of Care placements (i.e. Group Home, RCC, Treatment Foster Homes, etc.) are older (3.6 yrs older) and have double (5.6 placements) the average number of out of home care placements for all children in out of home care.
- 25.3% of children with 4 or more placements have a diagnosed disability recorded in WiSACWIS (compared to 15.4% of the general universe of children in the BMCW)
- Male – Average Age 12.5 yrs old; Average number of placements 6.4
- Female – Average Age 12.8 yrs old; Average number of placements 6.9

Noteworthy events in 2003

- At the end of calendar year 2003, the BMCW made several changes to the Out of Home Care Program structure, particularly the process when children enter out of home care for the first time (Assessment Centers). These changes were implemented to address the overall well being of the children by improving the assessment process on the front end and providing stabilization in an effort to reduce multiple placements.
- Each Ongoing Case Management site has implemented process/program measures to address multiple placements of children in out of home care. These include but are not limited to:
 - Continuing to enhance and build communication processes with Lutheran Social Services – First Choice for Children

- Evaluating the supports within the foster homes and providing resources to reinforce identified needs; and
- Reviewing all children's current placement status on a regular basis at different reviews and staffings.
- Completing a Uniform Rate Setting Form within 30 days of placement and every 6 months thereafter or as needed. This ensures that resources to stabilize placements are provided in a timely manner.

Conclusion

The BMCW begins 2004 more knowledgeable about barriers to permanency for children with longer length of stay in out of home care. The quality of the ecological relationship between individuals, families, and community and government services has a significant impact in achieving overall stabilization and in turn permanency for these children.

Some of the dynamics that may interact within this relationship;

- Individual and family dynamics such as age, educational levels, health status including mental health and substance abuse, physical, mental, developmental or learning disability, employment and income level, housing conditions and availability,
- Community dynamics such as schools, child care, jobs, transportation, access to health care and social services, advocacy groups, housing stock, and
- Government services, such as Juvenile and Family Courts, Workforce Development, WIC, Medicaid, HUD, City of Milwaukee and BMCW, including coordinated services, trained staff, quality foster care homes, and adoptive resources.

Length of stay is a key indicator that contributes to measuring the "health" of a system; however it should not be looked at independent of other influential factors. Further identification of the variables impacting length of stay may assist us to learn more about possible interdependencies and the possible correlation of variables that contribute to children remaining in the system. In turn, this information may assist us to develop further strategies to achieve permanency.

The following Element (I.B.6) from Section I did not have an expected performance standard for Period 1, rather it was “to be monitored only”. During period 2, a performance standard of 65% is established.

Reunification within twelve months of placement in OHC

I.B.6. Although no target percentages are set for Period 1, the BMCW has actively reviewed progress regarding reunifications for children in placement for less than 12 months. Of all renunciations with parents/caregivers, at least the following percentages of children shall be reunified within 12 months of entry into care.

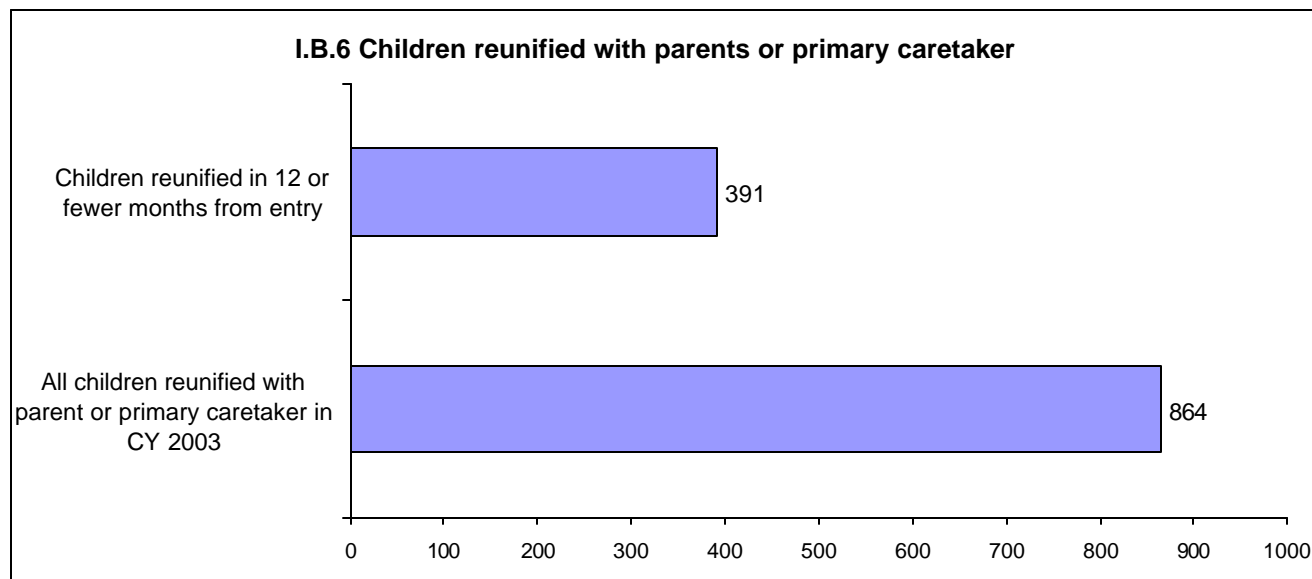
Period 1 to be monitored only

Actual Performance YTD January – December 2003: **45%**

Table AA

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	YTD
(Annual)													
Site 1 (N)	19	3	21	25	15	21	10	14	7	15	13	6	169
Reunified in 12 or fewer months	15	1	2	11	5	5	2	6	3	5	5	4	64
Percentage reunified in 12 or fewer months	79%	33%	10%	44%	33%	24%	20%	43%	43%	33%	38%	67%	38%
Site 2 (N)	27	5	5	8	12	7	9	14	5	10	7	3	112
Reunified in 12 or fewer months	17	1	2	2	6	5	3	6	3	1	3	2	51
Percentage reunified in 12 or fewer months	63%	20%	40%	25%	50%	71%	33%	43%	60%	10%	43%	67%	46%
Site 3 (N)	10	14	15	17	19	23	29	18	20	12	20	6	203
Reunified in 12 or fewer months	7	10	4	5	8	3	16	11	10	11	10	5	100
Percentage reunified in 12 or fewer months	70%	71%	27%	29%	42%	13%	55%	61%	50%	92%	50%	83%	49%
Site 4 (N)	23	24	33	24	22	19	20	20	13	11	9	16	234
Reunified in 12 or fewer months	11	13	13	11	12	7	4	4	4	6	5	12	102
Percentage reunified in 12 or fewer months	48%	54%	39%	46%	55%	37%	20%	20%	31%	55%	56%	75%	44%
Site 5 (N)	12	10	12	9	7	17	16	17	12	15	6	13	146
Reunified in 12 or fewer months	9	4	9	3	1	9	4	11	9	10	1	4	74
Percentage reunified in 12 or fewer months	75%	40%	75%	33%	14%	53%	25%	65%	75%	67%	17%	31%	51%
BMCW (N)	91	56	86	83	75	87	84	83	57	63	55	44	864
Reunified in 12 or fewer months	59	29	30	32	32	29	29	38	29	33	24	27	391
Percentage reunified in 12 or fewer months	65%	52%	35%	39%	43%	33%	35%	46%	51%	52%	44%	61%	45%

	January - June	July - December	YTD 2003
BMCW	44%	46.6%	45%

Chart 11

For the first half of the year, the performance standard met was 44%. That is, of all children reunified, 44% were reunified within 12 months of entry into out of home care. Compliance year to date percentage data for the second six-month period showed a slight increase to 46.6%.

Although the second half of 2003 showed a slight increase in the performance percentage (reunified in 12 or fewer months), the actual number of reunification's decreased by 92 (to 386), or a rate of change of 19.2%, in the second six-month period when compared to the first six-month total (478).

DISCUSSION:

Of all the children reunified with their parents or primary caretaker in CY 2003:

Table BB

Age at Removal	Percentage of Reunifications
0-5 yrs	39.8%
5-10 yrs	31.6%
10 – 15 yrs	20.4%

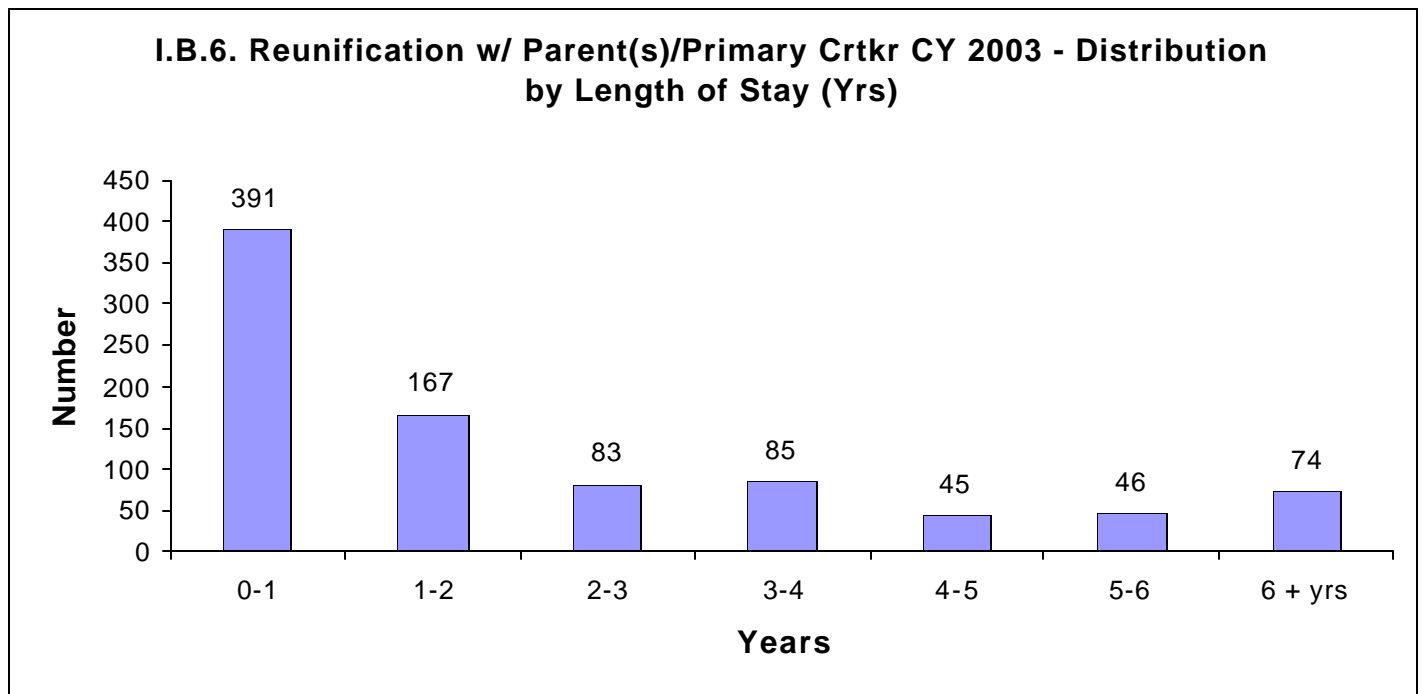
Table CC

Age at Exit	Percentage of Reunifications
0-5 yrs	24.5%
5-10 yrs	26.6%
10 – 15 yrs	29.4%

The data presented in the above two tables BB & CC shows the age of children entering care who were reunified in calendar year 2003 as well as their age at time of exiting from care. Of special note, the largest group of children removed was between 0 – 5 years old, however with regards to exiting from care, the largest age group was those 10- 15 years old.

The graph below depicts the distribution of the LOS of children who were reunified with their parents or primary caretakers during calendar year 2003. The trend below shows that after 12 months in out of home care, about 50% fewer children are reunified within 1 – 2 years, and again another 50% fewer children are reunified in 2 – 3 years.

Chart 12



II. NAMED PLAINTIFFS

Requirement: BMCW will supply Plaintiffs' counsel with quarterly updates of the named plaintiffs' case records until an adoption is finalized, a permanent guardianship order is entered or the child is no longer in BMCW custody. The parties will engage in monthly good faith discussions concerning the appropriateness of the care and treatment of the named plaintiffs until an adoption is finalized, a permanent guardianship order is entered or the child is no longer in BMCW custody, except that defendants agree to the post-adoption services described below.

BMCW was successful in meeting the requirements regarding the named plaintiffs. During calendar year 2003 the Bureau maintained open and regular communication with Children's Rights, Inc.

Monthly good faith discussions were scheduled and held between the BMCW Director, Chief Legal Counsel for the Department of Health and Family Services; and the Children's Rights lead attorney to discuss each of the named plaintiff children, including the appropriateness of the care they were receiving, treatment needs, barriers and progress to permanency being achieved. Additional discussions were held, usually by telephone to discuss individual situations that occurred in between the scheduled monthly conference calls, to ensure plaintiffs had current information about each named plaintiff child.

BMCW provided Plaintiff's counsel with quarterly updates of the named plaintiffs' case records until an adoption was finalized. Quarterly case file updates were sent within three weeks after the quarter ended.

At the beginning of 2003, four of the five named plaintiff children were in out of home care placement. During the year, two of the children were adopted, and a date had been scheduled for the third child's finalized adoption (Feb 2004); after February, one of the five named plaintiff children will remain in an OHC placement.

A. Danny C. and Frank M. (Pseudonyms are used)

The adoption of these brothers were finalized on April 1, 2003. Both children will be receiving Title XIX; therapy will continue until the therapist believes they have reached a point of stabilization.

B. Corey H. BMCW shall continue to pursue the adoption of Corey H. by identifying and approving a qualified adoptive family with whom he can be placed as soon as practicable. All necessary services identified by BMCW will be provided to continue to support an adoptive placement. Additionally, BMCW shall ensure that he remains eligible for Title XIX medical coverage post-adoption through an adoption subsidy agreement.

Corey H. currently resides in a Treatment Foster home; he attends a full day of school; TPR in process; attends therapy

B. Julie R. BMCW shall continue to pursue the adoption of Julie R. by her current foster parent, shall continue to make efforts to keep Julie R. placed in a home with her sisters, shall continue to provide mentoring services to her and shall continue to coordinate special education services for her. Additionally, BMCW shall assure that she remains eligible for Title XIX medical coverage post-adoption through an adoption subsidy agreement.

February 2004 has been scheduled for Julie's adoption to be finalized.

III. MONITORING

A. The BMCW Program Evaluation Managers (PEMs) will conduct a comprehensive review (such as the review conducted for the second quarter 2000) at least once each period, which shall be made publicly available promptly upon completion.

B. Monitoring of and reporting on all the elements specified in Article I of this agreement shall be conducted by the BMCW PEMs on a semi-annual basis and shall be made publicly available promptly upon completion. At the conclusion of Period 3, monitoring will continue only with regard to Article I requirements that remain unmet and in effect pursuant to IA

C. In addition to reporting on the elements specified in Article I of this agreement, the PEMS shall also monitor and report on the following elements in their semi-annual monitoring reports. The conducting of reviews and the production of reports on these elements by **the PEMS shall constitute compliance with this sub-section, and these elements and related findings are not enforceable under this Agreement.** The requirement to conduct reviews and to produce reports under this section terminates on December 31, 2005.

The outcomes in the final section of the summary do not have an identified performance expectation standard indicated in the settlement. They are considered a “monitoring” only status. The BMCW’s has identified that its internal goal is to achieve 100% in these specific areas of the settlement.

This third and final section is broken out into two areas:

1. Monitoring items with a performance standard above 85% (where appropriate), and
2. Monitoring items not meeting expected internal standards of the 85% threshold

The 85% threshold was identified as a point where the minimum of achievement was considered to show positive progress toward accomplishing 100%. This has only been chosen as a way to format and display the information within this section of the settlement.

PERMANENCY

Timeliness of completing the initial permanency plan

III.C.5. BMCW compliance with the federal standard for an initial case plan/permanency plan for all children within 60 days of a child entering BMCW custody;

Table DD

	July	Aug	Sept	Oct	Nov	Dec	YTD
Semi-Annual Initial Permanency Plans							
Site 1 (Number of Perm Plans due during period)	15	22	22	19	26	28	
Number of Initial Perm Plans completed on time	15	22	22	19	26	28	
Percentage (Point in Time)	100%	100%	100%	100%	100%	100%	100%
Site 2 (Number of Perm Plans due during period)	13	8	8	21	14	16	
Number of Initial Perm Plans completed on time	13	8	8	21	14	16	
Percentage (PIT)	100%	100%	100%	100%	100%	100%	100%
Site 3 (Number of Perm Plans due during period)	13	8	10	9	18	16	
Number of Initial Perm Plans completed on time	13	8	10	9	18	16	
Percentage (PIT)	100%	100%	100%	100%	100%	100%	92.8%
Site 4 (Number of Perm Plans due during period)	5	15	10	20	25	27	
Number of Initial Perm Plans completed on time	4	14	10	20	24	27	
Percentage (PIT)	80%	93%	100%	100%	96%	100%	97.7%
Site 5 (Number of Perm Plans due during period)	13	19	16	25	29	13	
Number of Initial Perm Plans completed on time	12	19	16	22	29	13	
Percentage (PIT)	92%	100%	100%	88%	100%	100%	94.1%
BMCW (PIT)	96.6%	98.6%	100.0%	96.8%	99.1%	100.0%	97.0%

	January - June	July - December	YTD 2003
BMCW	95%	98.6%	97%

Table DD above (site by site) shows the progress of each site in meeting compliance with this settlement section. Overall the sites maintained a high level of performance meeting this standard.

Actual performance for the first six months of 2003 (January – June) was 95%; that is, 95% of all initial permanency plans were completed within 60 days of the child entering out of home care. During the second six-month period (July-December 2003) the actual performance level increased to 98.6, for a year to date performance measure of 97%.

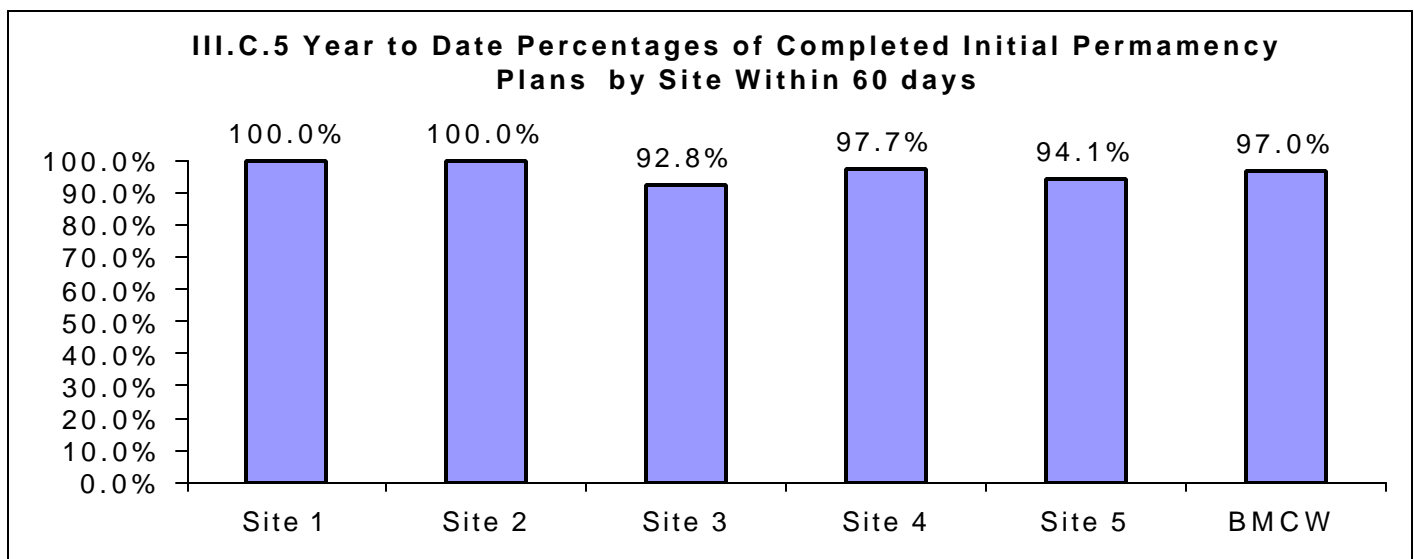
DISCUSSION:

It is also important to note that:

- ❑ Sites 1 & 2 maintained 100% performance on this standard throughout the entire year
- ❑ Site 3 achieved 100% for the second six months, and in fact met 100% in ten out of twelve months
- ❑ Site 4 met 100% in eight of the twelve months. In three of the months where they did not achieve 100%, their overall score was 90%.
- ❑ Site 5 also met 100% in eight of the twelve months. In two of the months where they did not achieve 100%, their overall score was 90%.
- ❑ During the first six months under review, the BMCW achieved 100% in twenty-five of the thirty possible monthly scores, thereby in 83.3% of the possible monthly scores, 100% was met.
- ❑ The second six-month period under review the BMCW again achieved 100% in twenty-five of the thirty possible months.

The graph below shows by site overall compliance with initial permanency plans.

Chart 12



Timeliness of Judicial or Administrative Permanency Plan reviews

III.C.6. State compliance with the federal requirement for a judicial or administrative permanency plan review every 6 months, and at least one judicial permanency plan review annually;

Table EE

	Jul	Aug	Sept	Oct	Nov	Dec	YTD (Dec)
Site 1 (N)	771	662	736	663	683	679	
Current PPR's & APPR's Documented	733	454	455	372	286	535	
Percentage	95.1%	68.6%	61.8%	56.1%	41.9%	78.8%	78.8%
Site 2 (N)	652	570	617	584	584	566	
Current PPR's & APPR's Documented	597	511	513	493	446	540	
Percentage	91.6%	89.6%	83.1%	84.4%	76.4%	95.4%	95.4%
Site 3 (N)	723	603	654	634	624	613	
Current PPR's & APPR's Documented	651	521	532	511	428	545	
Percentage	90.0%	86.4%	81.3%	80.6%	68.5%	88.9%	88.9%
Site 4 (N)	816	697	735	694	694	690	
Current PPR's & APPR's Documented	725	546	569	529	411	636	
Percentage	88.8%	78.3%	77.4%	76.2%	59.2%	92.2%	92.2%
Site 5 (N)	691	589	654	587	610	609	
Current PPR's & APPR's Documented	645	442	470	460	428	544	
Percentage	93.3%	75.0%	71.9%	78.4%	70.2%	89.3%	89.3%
BMCW (PIT)	91.7%	79.3%	74.8%	74.8%	62.5%	88.7%	88.7%

	June (PIT)	December (PIT)	December 2003 (PIT)
BMCW	77.3%	88.7%	88.7%

In the first six-month period (June 2003 data), the BMCW achieved a performance level of 77.3%, of the 3,364 children who were required to have a current Permanency Plan Review (Administrative) or Annual Permanency Plan Review (Judicial). 2,601 children had current information documented into WiSACWIS.

Between July – December (December 2003 data), of the 3,157 children required to meet the performance standard, 2,800 had up to date information entered into WiSACWIS. The performance percentage between June and December increased by 11.4%.

The data presented (Table EE) shows the fluctuations site by site, month by month. During the first six months, looking at an aggregate performance level, the sites overall were approximately in compliance, on average in 44% of the cases. When reviewing the data for the second six-month period, the aggregate performance, on average increased to around 79% for all sites within the BMCW.

Children Re-entering OHC within 12 months of leaving an OHC placement

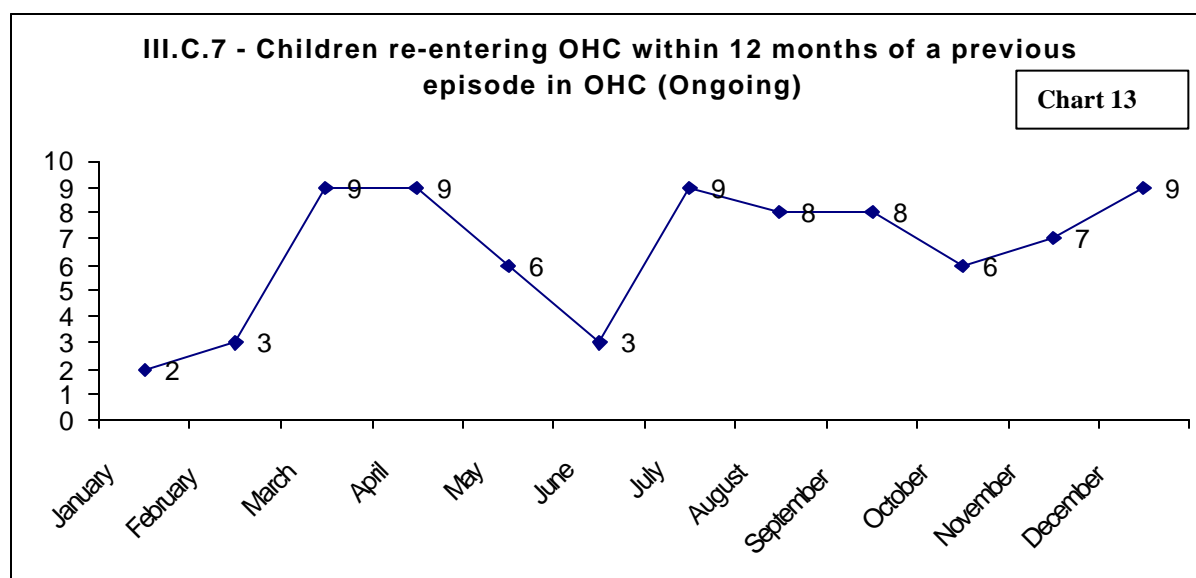
III.C.7. The percentage of children re-entering BMCW out-of-home care within the period who have re-entered care within 12 months of a prior BMCW out-of-home care episode; and

Of the 1109 children who entered Ongoing Services between January and December 2003, 79 of the 111 children who re-entered care or 71%, re-entered care within 12 months of a prior foster care episode.

Table FF

Month (2003)	Number of Children who entered OHC	Number of children who re-entered OHC within 12 months of a prior OHC episode
January	79	2
February	88	3
March	94	9
April	75	9
May	77	6
June	88	3
July	77	9
August	122	8
September	136	8
October	131	6
November	100	7
December	54	9
	1109	79
BMCW Performance Standard		7.1%

During the first six-month period, thirty-two children re-entered OHC in twelve or fewer months of a previous OHC (Ongoing Services) episode; there were forty-seven children who re-entered within twelve months during the second six-month period, an increase of 15 children (or 31.9%). The number of children who entered OHC during CY 2003 was 1,109, providing a re-entry percentage of 7.1% for the BMCW. The total number of children who entered care during CY 2003 has updated data from the previous six-month settlement report. The data in the above January – December table includes updated data for the first six-month period (January – June) which was not available at the



time of the first six-month report.

DISCUSSION:

The data presented is not broken out to show how many of the children who returned to OHC, returned as a sibling group. Analysis of future data might explore the number of sibling groups that re-entered, and what was the cause for re-entry. Currently, at each of the sites, the program staff have been monitoring the children who have been re-entering OHC to start to identify the causes of re-entry, services provided prior to exit from care, and other systemic issues in an effort to review, identify and adjust services to minimize re-entries into OHC.

Table GG shows a breakout detailing how soon after exiting an OHC placement with Ongoing Services, the number of children who re-entered in less than 12 months, and the percentage of those against the total number who re-entered OHC.

Table GG

Re-Entering after exiting OHC	Number of Children	Percent of children Re-Entering (based on 111)
0 – 3 months	56	50.4%
3 – 6 months	4	3.6%
6 – 9 months	16	14.4%
9 – 12 months	3	2.7%

The data in table GG would appear to show that of all children who exited an Ongoing Services OHC placement, 50.4% of all children who returned to OHC during CY 2003 had re-entered between 0-3 months of exiting care. This could be an important programmatic point to consider when children are exiting OHC; what community services are in place to maintain safety in the home; is the family or caretaker aware of the community services available to assist with the ongoing care of the children? Did the family seek out and utilize any services prior to the re-entry? And, what was the reason for the re-entry, is it the same as the original entry or are there other or new issues within the family system that have developed?

The data provided in table II is presented to show the differences in age groups of children entering care for the first time during CY 2003 & those children re-entering within 12 months of a prior episode in OHC. The largest group of children re-entering OHC (CY 2003) constitutes children between the ages of 5 – 11 yrs old. The largest increases when comparing age groups of those who entered OHC for the first time, and those who re-entered occur between children 12 – 15 yrs old, and 16 + years old. Both of these groups see a change of 7% - there are 7% more children re-entering OHC within these age groups than those children who are entering OHC for the first time.

Table II

Ages (yrs)	Percentage of all children entering OHC (2003)	Percentage of all children reentering OHC (2003)
0 – 4	44%	26%
5 – 11	32%	36%
12 – 15	17%	24%
16 +	7%	14%

WELL-BEING

Timeliness of completing Initial Family Assessments

III.C.1. BMCW provision of an initial family assessment for all children within 90 days of their first placement;

Actual Performance January - December: **96.4%**

Table JJ

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Semi-Annual & Annual Family Assessment Data													
Site 1 Family Assessments Due (N)	1	8	6	7	5	8	8	8	17	7	14	8	97
Family Assessments Completed within 90 days	1	8	6	7	5	8	8	8	17	6	14	8	96
Percentage (Point in Time)	100%	100%	100%	100%	100%	100%	100%	100%	100%	85.7%	100%	100%	99.0%
Site 2 Family Assessments Due (N)	7	7	7	6	11	7	7	7	5	8	6	7	85
Family Assessments Completed within 90 days	7	7	7	6	11	7	7	7	5	8	6	7	85
Percentage (PIT)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Site 3 Family Assessments Due (N)	13	11	10	10	10	6	10	7	5	6	8	8	104
Family Assessments Completed within 90 days	11	11	9	10	10	6	10	7	5	6	8	8	101
Percentage (PIT)	85%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.1%
Site 4 Family Assessments Due (N)	0	1	2	8	2	8	2	8	6	9	11	9	66
Family Assessments Completed within 90 days	0	1	2	7	2	7	2	8	5	8	11	9	62
Percentage (PIT)	0	100%	100%	87.5%	100%	87.5%	100%	100%	83.3%	88.9%	100%	100%	93.0%
Site 5 Family Assessments Due (N)	12	9	6	11	10	8	9	9	11	11	11	14	121
Family Assessments Completed within 90 days	10	8	5	9	9	8	8	9	11	10	11	14	112
Percentage (PIT)	83.3%	88.9%	83.3%	81.8%	90%	100%	88.9%	100%	100%	90.9%	100%	100%	92.6%
BMCW – New families entering for OCM services (N)	33	36	31	42	38	37	36	39	44	41	50	46	473
Family Assessments Completed within 90 days	29	35	29	39	37	36	35	39	43	38	50	46	456
BMCW Percentage (PIT)	87.9%	97.2%	93.5%	92.9%	97.4%	97.3%	97.2%	100%	97.7%	92.7%	100%	100%	96.4%

	January - June	July - December	YTD 2003
BMCW	94.5%	98%	96.4%

During the first six months of 2003, the BMCW achieved a YTD performance of 94.4% for this goal. There was a slight increase to 98% between July – December with a 2003 YTD of 96.4% - that is, of all Family assessments that were required to be completed, 96.4% were done within 90 days of first placement.

Background Information provided to caretakers

III.C.3. BMCW provision of a complete placement information packet regarding a child's health and educational background for a random sample of at least 50 children being placed with a new caretaker;

Table KK

	June 03	Dec 03	YTD
Site 1 (N)	10	10	20
Completed	9	10	19
Site 2 (N)	10	10	20
Completed	8	10	18
Site 3 (N)	10	10	20
Completed	8	10	18
Site 4 (N)	10	10	20
Completed	7	10	17
Site 5 (N)	10	10	20
Completed	9	10	19
BMCW %	82%	100%	91%

During each of the past two, six-month periods, a random sample was drawn of ten cases per site where a child's placement began on or after January 1st, 2003. Each site was required to provide verification that the child's caregiver received and signed for a copy of the Placement Checklist (CFS-2238). Between January – June, 41 out of the fifty caretakers (82%) had received the Placement Checklists, whereas 50 out of 50 received the Placement Checklist during the second six-month period (July-December). Based on the above sample, YTD the BMCW achieved ninety-one out of one hundred for 91% performance rate. Improved efforts during the second period were notable to 100% compliance.

Average number of children per caseload

III.C.9. The monthly caseload averages of children per ongoing case manager carrying cases, for each BMCW case management Site, including the maximum and minimum number of children at the end of the month per manager.

Table LL

Site 1	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Average children per worker	23.5	23.7	24.5	25	24.9	25.4	22.5	22.1	22.2	21.8	21.2	21.9
Minimum children per worker	1	1	1	1	1	1	1	1	1	1	1	1
Maximum children per worker	33	35	35	33	37	37	37	36	26	37	31	33

Site 2	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Average children per worker	23.8	25	24.3	23.8	22.6	19.9	18.3	18.7	18.7	18.1	18	18.8
Minimum children per worker	1	1	1	1	1	1	2	1	1	1	2	2
Maximum children per worker	25	25	27	28	26	30	29	26	27	29	31	31

Site 3	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Average children per worker	21.8	21	21	20.2	20.6	20	19.4	16.6	16.9	16.3	16.7	17.7
Minimum children per worker	1	1	1	1	1	1	1	1	1	1	4	3
Maximum children per worker	38	38	34	35	32	33	28	39	39	30	31	27

Site 4	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Average children per worker	25	25.4	22.6	23.7	21.9	21.5	20.4	19.2	21.1	20.9	22.6	21.7
Minimum children per worker	1	3	1	3	1	1	1	1	1	1	3	3
Maximum children per worker	36	36	36	35	40	38	29	28	28	32	27	27

Site 5	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Average children per worker	23	19.9	19.5	18.4	18.3	20.1	18.7	17.9	18.6	18.1	17.3	17.5
Minimum children per worker	1	1	1	1	1	1	1	2	1	1	1	1
Maximum children per worker	37	37	37	37	37	39	40	39	38	41	34	35

Table MM

	Jan – June Avg.	July - December Avg.	YTD 2003
Site 1	25.5	21.9	23.2
Site 2	23.2	18.4	20.8
Site 3	20.7	17.2	19.0
Site 4	23.3	20.9	22.1
Site 5	19.8	18.0	18.9

The above data reflects the average number of children on each Ongoing Case Managers caseload during CY 2003. Throughout the BMCW the average (approximate) number of children per ongoing case manager in December 2003 was 19.5.

Throughout CY 2003 the average number of children per caseload decreased from the first six months through the second six months. On average for the year, the site with the highest number of children on its caseload was only 4.4 children higher, not representing a large difference between the sites.

When the overall monthly averages (whole numbers) are compared month to month for each site, overall there tends to be a decrease in the children on the caseload, or the caseloads have leveled off. Some sites experience minimal bumps up in the average number of children on a caseload month to month. These increases may relate more to the number of Ongoing Case Managers at each site – the transition of those exiting and those starting employment rather than an actual change in the family sizes.

Table NN below identifies by six-month period, the maximum number of children on a caseload at each site, as well as the range of the maximum numbers for that six-month period. The difference between the ranges was more stable during the first six-month period when compared to the second six-month period. Although there appears to be more stability with respect to average number of children on a caseload overall, when looking at the maximum each month, there tends to be more unpredictability, i.e. the max for each month have not been as steady as the overall averages.

Table NN

Distribution - Children on Caseload				
	January - June		July - December	
	Max	Max Range	Max	Max Range
Site 1	37	33 - 37	37	26 - 37
Site 2	30	25 - 30	31	26 - 31
Site 3	38	32 - 38	39	27 - 39
Site 4	40	35 - 40	32	27 - 32
Site 5	39	37 - 39	41	34 - 41

Monitoring items not meeting internal performance standards established by BMCW:

WELL-BEING

Timeliness of Initial Health Screens for Children Entering OHC

III.C.2. BMCW provision of an initial medical examination for all children within 5 business days of their first placement, except for children discharged from hospital to placement;

Table OO

	July	Aug	Sept	Oct	Nov	Dec	YTD
Site 1 (N)	15	21	19	19	11	13	98
Within 5 business days	9	7	17	19	6	12	70
Percentage	60.0%	33.3%	89.5%	100.0%	54.5%	92.3%	71.0%
Site 2 (N)	10	25	10	9	14	13	81
Within 5 business days	5	6	10	8	5	9	43
Percentage	50.0%	24.0%	100.0%	88.9%	35.7%	69.2%	53.0%
Site 3 (N)	26	28	28	27	33	12	154
Within 5 business days	22	21	25	20	24	10	122
Percentage	40.3%	50.0%	58.6%	61.3%	63.3%	64.5%	79.2%
Site 4 (N)	20	18	19	27	18	12	114
Within 5 business days	16	9	17	16	14	6	78
Percentage	80.0%	50.0%	89.5%	59.3%	77.8%	50.0%	68.4%
Site 5 (N)	20	26	40	12	14	7	119
Within 5 business days	16	18	13	12	7	4	70
Percentage	80.0%	69.2%	32.5%	100.0%	50.0%	57.1%	58.8%
BMCW (N)	91	118	116	94	90	57	915 (Jan – Dec)
BMCW Completed within 5 business days	68	61	82	75	56	41	533 (Jan – Dec)
BMCW % (PIT)	74.7%	51.7%	70.7%	79.8%	62.2%	71.9%	58.2% (Jan – Dec)

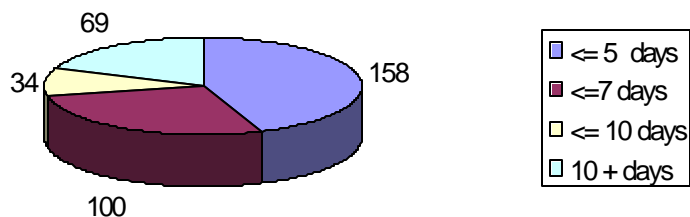
	January - June	July - December	YTD 2003
BMCW	44%	67.6%	58.2%

DISCUSSION:

As the data in the Table OO above shows that during the second six-month period in CY 2003, the BMCW's actual performance percentage was 67.7%, an increase of 23.7% from the 44% in the first six-months of the year. Overall for the year, 58.3% of the children requiring a CPC health check had one completed within five business days of entry into OHC. Since July, four out of the six months the averaged over 70% of the children receiving a health check in 5 days or less. Although improvement is noted, continued efforts need to be focused to ensure that children receive their health check within five business days. Chart 14 below shows the BMCW's success at the end of the first six-month period, and the Chart 15 shows the second six months (July- December). The last graph looks at the year overall – showing the number of children in each time frame.

Chart 14

Time to Initial health Checks January - June 2003 (based on calendar days)

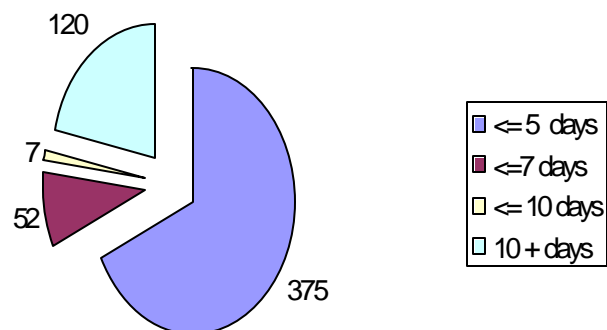


Data for the first six months shows that approximately 44% of the health screens were completed within five calendar days; and 72% were within seven calendar days

Chart 15

Data for the second six months showed an increase in the percentage of children who received their health check within five business days to 67.7%; or 77% of the children had a health screen within seven business days.

Time to Health Checks July - December 2003



Time to Health Checks January - December 2003

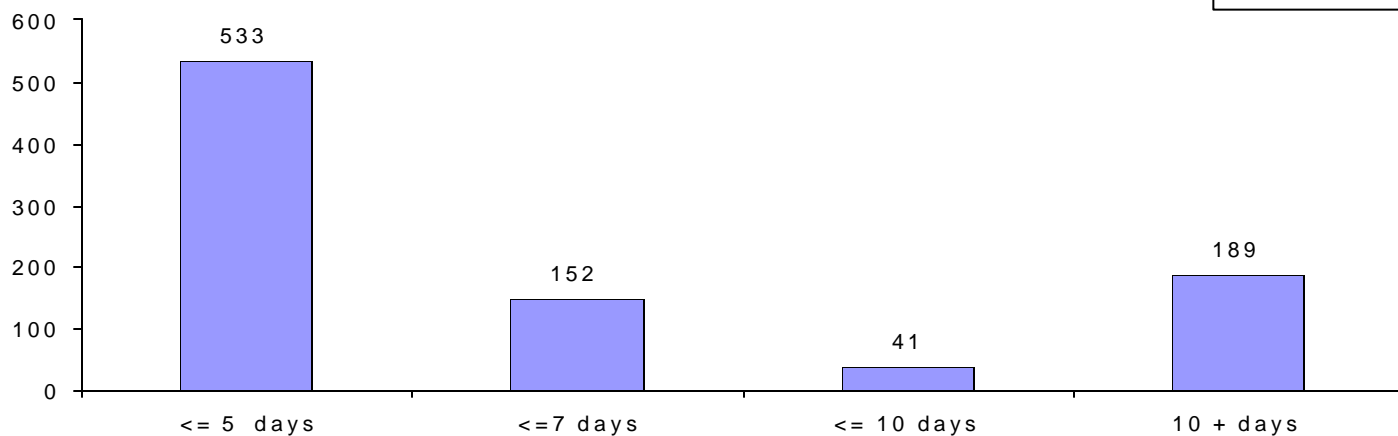


Chart 16

The above graph (Chart 16) shows the timeline data for health checks year to date. 58.2% of the children, YTD, had a health screen within five business days of entry into care; 74.8% of the children had a health check within seven business days.

Children with an updated annual physical & dental examination

III.C.4. BMCW referral of children in BMCW custody to health care services and utilization of health care services, including regular pediatric medical and dental examinations;

Table PP

Annual Medical Exams	Jul	Aug	Sep	Oct	Nov	Dec
Site 1						
Children in OHC during period	769	753	698	693	686	686
Medical Exams Documented (current)	141	179	350	564	386	589
Percentage (PIT)	18.3%	23.8%	50.1%	81.4%	56.3%	85.9%
Site 2						
Children in OHC during period	661	643	601	613	586	573
Medical Exams Documented (current)	230	233	413	571	521	519
Percentage (PIT)	34.8%	36.2%	68.7%	93.1%	88.9%	90.6%
Site 3						
Children in OHC during period	721	689	642	630	633	623
Medical Exams Documented (current)	168	155	288	539	460	437
Percentage (PIT)	23.3%	22.5%	44.9%	85.6%	72.7%	70.1%
Site 4						
Children in OHC during period	817	778	724	711	693	694
Medical Exams Documented (current)	253	261	481	605	475	505
Percentage (PIT)	31.0%	33.5%	66.4%	85.1%	68.5%	72.8%
Site 5						
Children in OHC during period	692	680	606	610	613	616
Medical Exams Documented (current)	172	180	255	428	277	357
Percentage (PIT)	24.9%	26.5%	42.1%	70.2%	45.2%	58.0%
Medical BMCW Percentages (PIT)						
	26.3%	28.5%	54.6%	83.1%	66.0%	75.4%

	June 2003 (PIT)	December 2003 (PIT)
BMCW (Medical)	65%	75.4%

The above data (Table PP) shows the percentages by site by month (second six-months of Period 1) for children who have an updated annual physical exam entered in WiSACWIS. The following table breaks out the data for annual dental examinations by site, by month for the second six months of Period 1.

Table QQ

Annual Dental Exams	Jul	Aug	Sep	Oct	Nov	Dec
Site 1						
Children in OHC 3+ yrs old during Period	704	669	662	649	647	632
Dental Exams Documented (current)	114	169	206	388	210	432
Percentage (Point in Time)	16.2%	25.3%	31.3%	59.8%	32.5%	68.4%
Site 2						
Children in OHC 3+ yrs old during Period	592	566	555	563	529	512
Dental Exams Documented	219	213	251	442	368	369
Percentage (PIT)	37.0%	37.6%	45.2%	78.5%	69.6%	72.1%
Site 3						
Children in OHC 3+ yrs old during Period	644	597	590	587	580	575
Dental Exams Documented	144	132	126	445	315	299
Percentage (PIT)	22.4%	22.1%	21.4%	75.8%	54.3%	52.0%
Site 4						
Children in OHC 3+ yrs old during Period	714	674	654	651	630	618
Dental Exams Documented	223	208	288	403	291	331
Percentage (PIT)	31.2%	30.9%	44.0%	61.9%	46.2%	53.6%
Site 5						
Children in OHC 3+ yrs old during Period	612	569	581	579	578	562
Dental Exams Documented	162	156	152	346	173	232
Percentage (PIT)	26.5%	27.4%	26.2%	59.8%	29.9%	41.3%
Dental BMCW Percentages (PIT)						
	26.4%	28.6%	33.6%	66.8%	45.8%	57.4%

	June 2003 (PIT)	December 2003 (PIT)
BMCW (Dental)	25%	57.4%

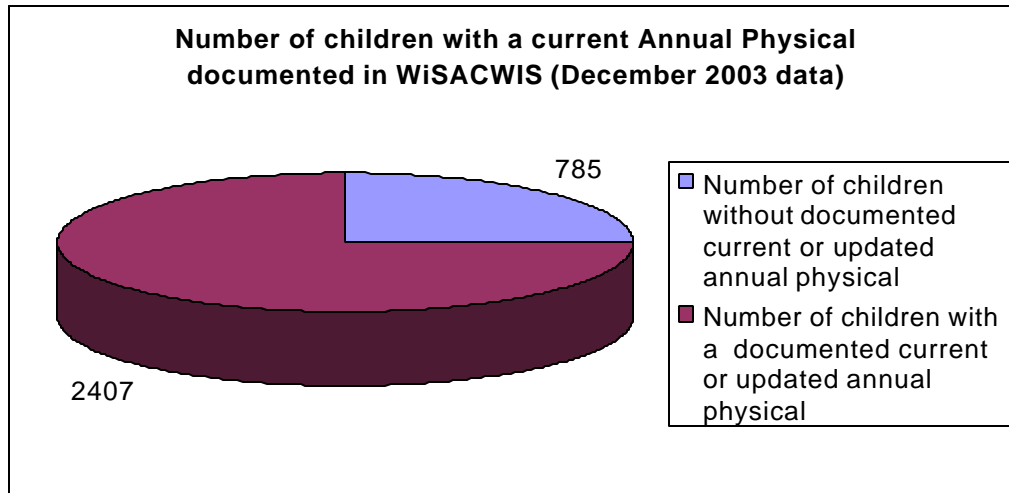
The data in the above Tables PP & QQ illustrates that there are back to back months that show drops and rises in performance, indicating that each month there are children whose annual physical or dental exams are expiring (over one year old) who have not yet had an updated exam.

DISCUSSION:

It will be important for all sites to continue to monitor the children's exam dates, scheduled appointments, and completion of the exam in an effort to minimize the gap between the children meeting the expected standard with an annual physical/dental exam and those not meeting the expected standard.

The information below provides a graphical representation of the number of children (December 2003 PIT data) who have a documented current annual physical and a current annual dental appointment.

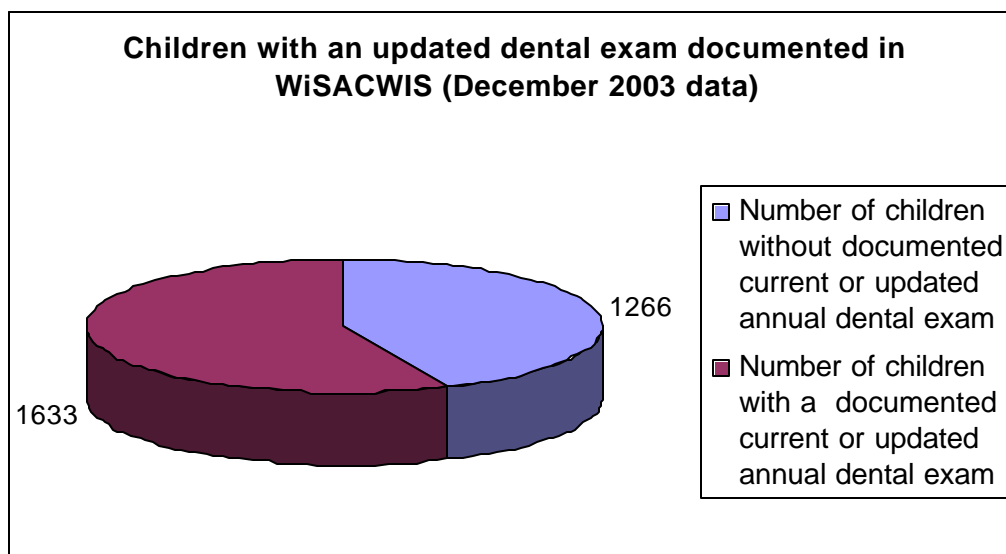
Chart 17



In June of 2003, 65% of all children eligible (in care thirty plus days) had an updated physical entered in WiSACWIS; in December of the same year, the percentage of children with the updated information rose to 75.4%.

In June of 2003, of all children three years old and above, 26% had a current dental appointment entered into WiSACWIS, and by December the percentage had increased to 57.4%.

Chart 18



Ongoing Case Manager Turnover

III.C.8. Ongoing case manager turnover rates per BMCW case management Site, identifying the number of ongoing case managers carrying cases at the beginning of the reporting period, the number of ongoing case managers carrying cases who leave for any reason during the reporting period, and the number of ongoing case managers carrying cases added during the period.

Ongoing discussion continues within the BMCW regarding “Turnover”. The measurement provided in the report reflects the expectations of the settlement agreement, but the BMCW acknowledges that it stops short of providing other key elements that relate to the “turnover” of staff. “Turnover” is an issue of importance for any agency or business, and the BMCW will not ignore or minimize the effects of “turnover” on the children and families that we serve. Staff retention remains a key value of the BMCW and those partners who provide services for the children under its care. Currently the BMCW is analyzing this “element”, as well as identifying additional indicators that will provide more meaningful information in addition to what the BMCW agreed to report. “Turnover” is not only critical because of the settlement agreement, but most importantly because of the impact on families within our community. Additional data from an expanded set of indicators are being shared to make available a more complete picture of turnover within the BMCW.

The current method of measurement for monthly turnover was calculated by identifying the number of case carrying workers terminated for any reason during the month divided by the number of case carrying workers at the beginning of the month plus the case carrying workers added during the month. Using this definition to determine a turnover rate for the first six months would reflect a 27.7% turnover rate, and approximately a rate of 30.1% year to date.

The first set of tables (RR – VV) shows by site the flow of Ongoing Case Managers hired at each site, as well as those who terminated their employment. Data for the first six months has been updated with corroborating information provided by each site. The original data provided for the first six-month review included several OCM positions that were not actual active OCM’s, rather, some positions that were artifacts on the system.

Table RR

Site 1													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
OCM's at Start of Month	43	43	41	41	41	39	44	44	42	42	42	43	
OCM's Hired During Month	0	0	4	0	2	6	0	0	1	0	1	0	14
OCM's Terminated During Month	0	2	4	0	4	1	0	2	1	0	0	0	14
OCM's at end of Month	43	41	41	41	39	44	44	42	42	42	43	43	
Turnover %	0.0%	4.7%	8.9%	0.0%	9.3%	2.2%	0.0%	4.5%	2.3%	0.0%	0.0%	0.0%	24.6%

January – June: 20% Turnover
 Year-End: 24.6% Turnover

Table SS

Site 2													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
OCM's at Start of Month	42	41	39	38	37	38	42	43	41	40	40	41	
OCM's Hired During Month	1	0	2	0	4	4	1	0	3	3	2	0	20
OCM's Terminated During Month	2	2	3	1	3	0	0	2	4	3	1	1	22
OCM's at end of Month	41	39	38	37	38	42	43	41	40	40	41	40	
Turnover %	4.7%	4.9%	7.3%	2.6%	7.3%	0.0%	0.0%	4.7%	9.1%	7.0%	2.4%	2.4%	35.5%

January – June: 21% Turnover

Year-End: 35.5% Turnover

Table TT

Site 3													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
OCM's at Start of Month	43	45	47	45	46	49	47	52	49	51	52	50	
OCM's Hired During Month	3	2	0	1	5	3	6	1	2	1	0	0	24
OCM's Terminated During Month	1	0	2	0	2	5	1	4	0	0	2	0	17
OCM's at end of Month	45	47	45	46	49	47	52	49	51	52	50	50	
Turnover %	2.2%	0.0%	4.3%	0.0%	3.9%	9.6%	1.9%	7.5%	0.0%	0.0%	3.8%	0.0%	25.4%

January – June: 17.5% Turnover

Year-End: 25.4% Turnover

Table UU

Site 4													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
OCM's at Start of Month	49	45	48	48	51	53	53	51	49	46	47	47	
OCM's Hired During Month	2	5	2	3	2	1	0	0	0	3	0	0	18
OCM's Terminated During Month	6	2	2	0	0	1	2	2	3	2	0	2	22
OCM's at end of Month	45	48	48	51	53	53	51	49	46	47	47	45	
Turnover %	11.8%	4.0%	4.0%	0.0%	0.0%	1.9%	3.8%	3.9%	6.1%	4.1%	0.0%	4.3%	32.8%

January – June: 20% Turnover

Year-End: 32.8%

Table VV

Site 5													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
OCM's at Start of Month	41	41	47	47	48	47	43	46	49	51	52	51	
OCM's Hired During Month	5	7	0	2	1	1	3	7	3	3	0	0	32
OCM's Terminated During Month	5	1	0	1	2	5	0	4	1	2	1	1	23
OCM's at end of Month	41	47	47	48	47	43	46	49	51	52	51	50	
Turnover %	10.9%	2.1%	0.0%	2.0%	4.1%	10.4%	0.0%	7.5%	1.9%	3.7%	1.9%	2.0%	31.5%

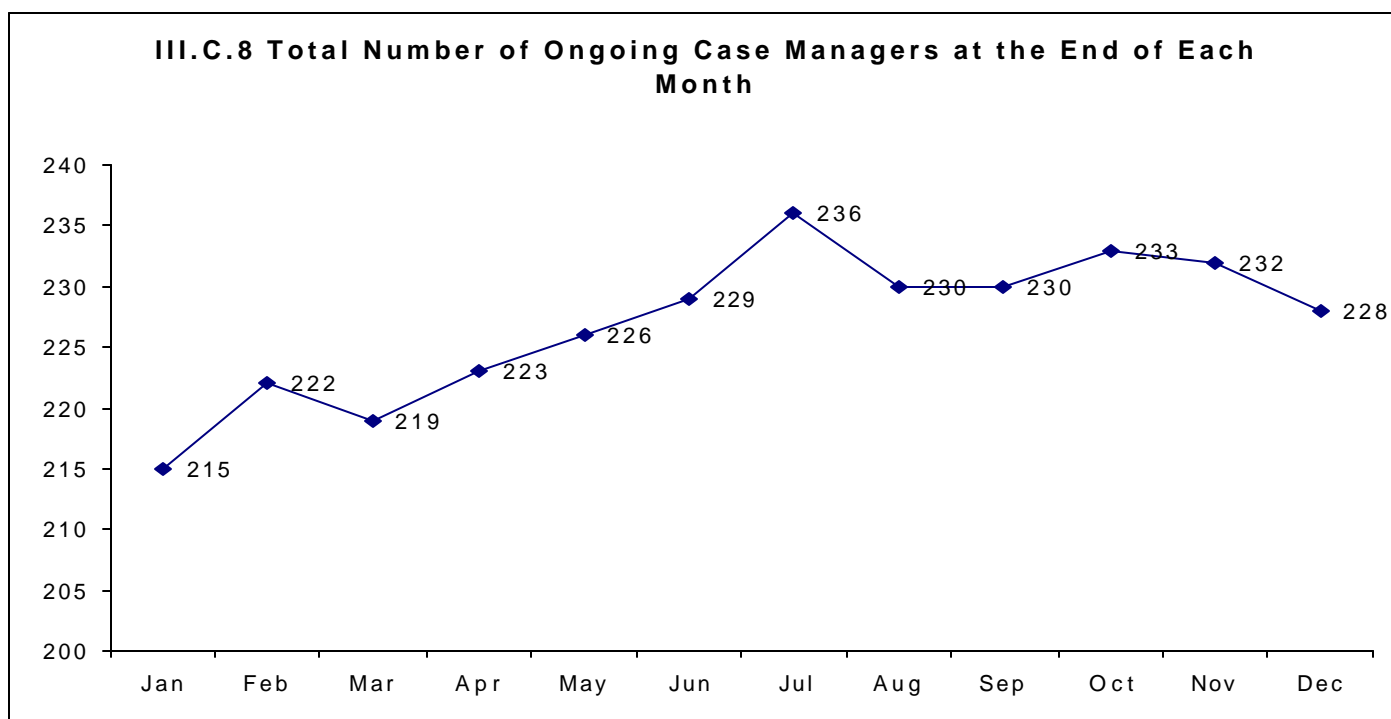
January – June: 24% Turnover
 Year-End: 31.5%

Table WW

BMCW													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
OCM's at Start of Month	218	215	222	219	223	226	229	236	230	230	233	232	
OCM's Hired During Month	11	14	8	6	14	15	10	8	9	10	3	0	108
OCM's Terminated During Month	14	7	11	2	11	12	3	14	9	7	4	4	98
OCM's at end of Month	215	222	219	223	226	229	236	230	230	233	232	228	
Turnover %	6.1%	3.1%	4.8%	0.9%	4.6%	5.0%	1.3%	5.7%	3.8%	2.9%	1.7%	1.7%	30.1%

DISCUSSION:

The following graph shows the trend of Ongoing Case Managers throughout 2003. By year-end, there was a gain of thirteen positions.

Chart 19

III.C.8 - Percentage of OCM's who started and ended CY 2003

Chart 20

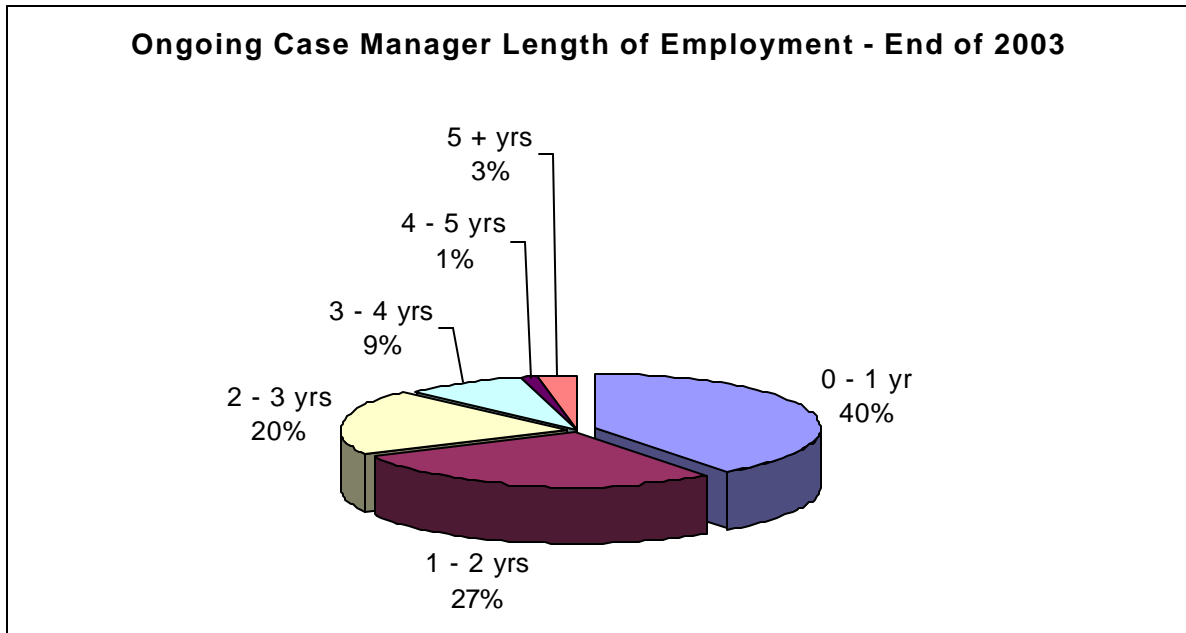


Chart 19 above, shows the percentage of workers who started the year, and ended the year. Of all OCM's who were working on January 1st, 2003, 63% remained throughout the entire year. The data in the tables below shows the data broken out by site.

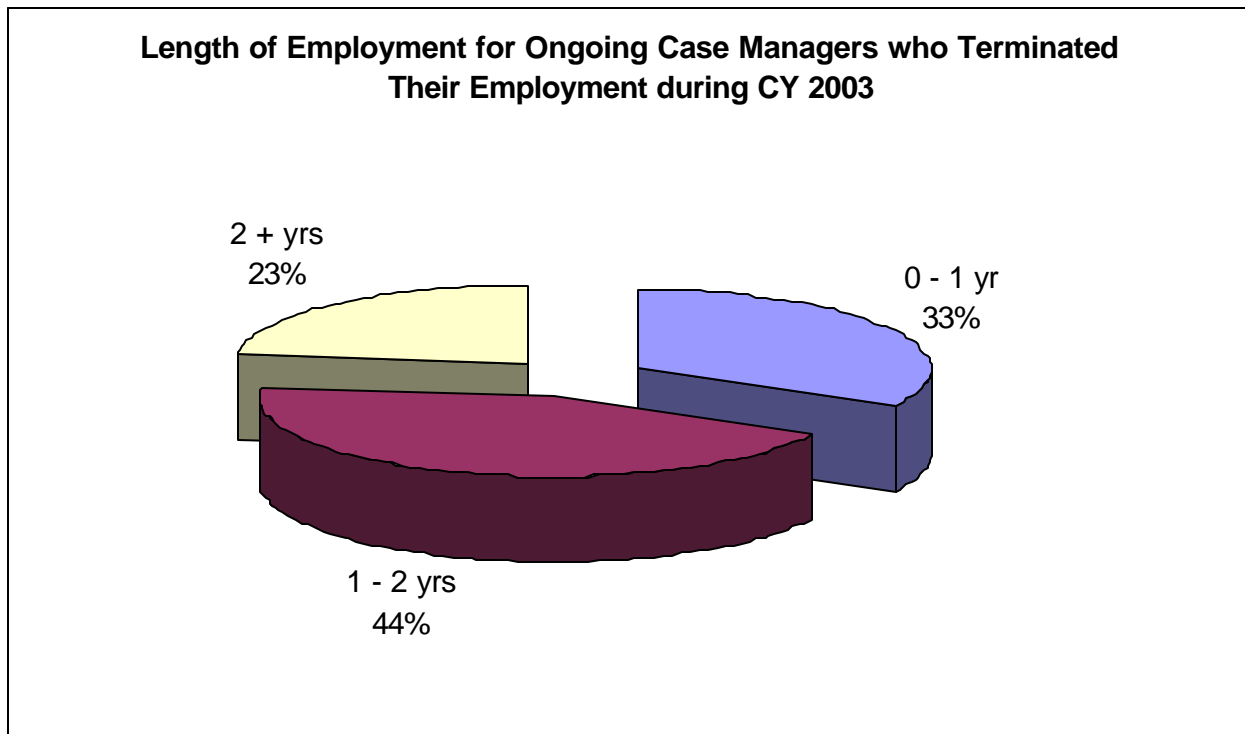
Table XX

Site 1		Site 2	
Percentage of staff Remaining from Start to End of 2003		Percentage of staff Remaining from Start to End of 2003	
OCM' at Start	43	OCM' at Start	42
OCM's Remain	30	OCM's Remain	21
Percentage	69.8%	Percentage	50.0%
Site 3		Site 4	
Percentage of staff Remaining from Start to End of 2003		Percentage of staff Remaining from Start to End of 2003	
OCM' at Start	43	OCM' at Start	49
OCM's Remain	29	OCM's Remain	30
Percentage	67.4%	Percentage	61.2%
Site 5		BMCW	
Percentage of staff Remaining from Start to End of 2003		Percentage of staff Remaining from Start to End of 2003	
OCM' at Start	41	OCM' at Start	218
OCM's Remain	27	OCM's Remain	137
Percentage	65.9%	Percentage	62.8%

The information in the next graph illustrates the percentage of OCM's Length of Employment at their current site, year-end 2003. As the data show, 40% of the workforce have one year or less of employment at their current site, and 57% have two years or less; that follows that 43% of all workers at year-end, had been employed at their Site for two or more years. **Chart 21**



The next graph (Chart 21) shows the Length of Employment for all employees who terminated their employment during CY 2003. The data shows that 67% had zero to two years of employment (within the BMCW at current site), and 23% had two plus years. **Chart 22**



The last set of tables looks at each site, providing the minimum, maximum, and average level of experience (within the site) at the start of 2003 and end of 2003. The data are provided by site, and each employees hire date at each site. They do not take into consideration past child welfare

experience, social work experience, or employment at a different site or agency, rather it only looks at exits from the current site of employment based on employment hire date. Therefore the data is more reflective of experience and Length of Employment at a site instead of overall experience. Throughout workforce changes in CY 2003, the largest group of employees who left were employed one to two years; another 23% of the workers who left had two plus years of experience, at their current site.

Table YY

Site 1 LOE -	Start of 2003	End of 2003	Staff who Exited
Minimum	0.8	0.1	0.1
Maximum	4.9	5.9	5.6
Average	2.0	2.1	2.3
0 - 1 yr		13	4
1 - 2 yrs		11	3
2 - 3 yrs (24+)		9	7
3 - 4 yrs		7	
4 - 5 yrs		0	
5 + yrs		3	

Site 2 LOE -	Start of 2003	End of 2003	Staff who Exited
Minimum	0.3	0.1	0.0
Maximum	2.0	3.0	2.1
Average	1.4	1.5	1.3
0 - 1 yr		18	7
1 - 2 yrs		3	10
2 - 3 yrs - (24+)		14	5
3 - 4 yrs		4	
4 - 5 yrs		0	
5 + yrs		0	

Site 3 LOE -	Start of 2003	End of 2003	Staff who Exited
Minimum	0.4	0.2	0.1
Maximum	4.9	5.9	2.6
Average	1.2	1.5	1.3
0 - 1 yr		22	6
1 - 2 yrs		18	7
2 - 3 yrs (24+)		4	4
3 - 4 yrs		3	
4 - 5 yrs		2	
5 + yrs		1	

Site 4 LOE -	Start of 2003	End of 2003	Staff who Exited
Minimum	0.1	0.2	0.1
Maximum	2.8	3.8	2.8
Average	1.3	1.6	1.5
0 - 1 yr		15	5
1 - 2 yrs		19	12
2 - 3 yrs - (24+)		6	5
3 - 4 yrs		5	
4 - 5 yrs		0	
5 + yrs		0	

Site 5 LOE -	Start of 2003	End of 2003	Staff who Exited
Minimum	0.3	0.2	0.1
Maximum	4.7	5.7	2.1
Average	1.4	1.5	1.0
0 - 1 yr		23	11
1 - 2 yrs		11	11
2 - 3 yrs (24+)		12	1
3 - 4 yrs		1	
4 - 5 yrs		1	
5 + yrs		2	

BMCW LOE -	Start of 2003	End of 2003	Staff who Exited
Minimum	0.1	0.1	0.1
Maximum	4.9	5.9	5.6
Average	1.4	1.6	1.4
0 - 1 yr		91	33
1 - 2 yrs		62	43
2 - 3 yrs (24+)		45	22
3 - 4 yrs		20	
4 - 5 yrs		3	
5 + yrs		6	

What the above data do not take into consideration are case managers who may move between sites. These case managers would show up as an exit from one agency and a new hire at the next agency; however, the BMCW has retained their level of experience within the system, but they would show up as an exit from one agency and a new hire at the next agency. The BMCW is identifying issues

related to staff retention and will continue to work closely with all of the sites during Period 2, to improve retention of staff and lower the turnover rate.

The table below shows a breakdown of reasons provided for Ongoing Case Managers leaving their employment. Unfortunately, the largest percentage of exits (40.1%) was voluntary with a reason not provided. The second largest category is those employees who were terminated (13.5%) by the agency for performance related or other reasons (13.5% of all who left employment). To determine a termination percentage for all OCM's – all OCM's who worked during the year, the total OCM's (326) would be divided by the number of terminations (14); this provides the termination percentage (4.3%) for all employees who worked during CY 2003.

Table ZZ

Reason Provided for Exit	(N)	Percentage of Total
Moved to State Job	1	1.0%
IVE - Program	5	4.8%
Internal Promotion and Transfer	1	1.0%
Voluntary resignation reason not provided	41	40.1%
Another Position in Soc Serv - Not Child Welfare	6	5.8%
Job Disatisfaction	6	5.8%
Leave of Absence	4	3.8%
Internal Transfer Different Program	2	1.9%
Moved out of the area	5	4.8%
Another Position outside social services	4	3.8%
Terminated	14	13.5%
Transfer to another Site	3	2.9%
To attend School	2	1.9%
Internal Promotion	1	1.0%
Another Position	7	6.7%

Attachment A: This is an electronic copy of the original settlement agreement.

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WISCONSIN
JEANINE B., by her next friend :
Robert Blondis, et al.,: CLASS ACTION

:
Plaintiffs, :

:
v. :
:

SCOTT MCCALLUM, et al. : CIVIL ACTION
: NO. 93-C-0547
:

Defendants. :

SETTLEMENT AGREEMENT

WHEREAS, Plaintiffs brought this lawsuit by class action complaint filed June 1, 1993, seeking declaratory and injunctive relief against the Governor and other defendant officials of the State of Wisconsin and of Milwaukee County, based on alleged system-wide deficiencies in the Milwaukee child welfare system; and

WHEREAS, in response to the lawsuit, the State Defendants implemented a State takeover of the child welfare system in Milwaukee County, effective January 1, 1998, for the purpose of improving the safety and well-being of the plaintiff class of children; and

WHEREAS, Plaintiffs filed a Supplemental Complaint on June 2, 1999, and an Amended Supplemental Complaint on December 1, 2000, alleging continuing deficiencies of the child welfare system in Milwaukee; and

WHEREAS, the State Defendants have achieved needed reforms significantly improving the safety and well-being of the plaintiff class of children in the custody of the Bureau of Milwaukee Child Welfare (BMCW); and

WHEREAS, the State Defendants recognize that this lawsuit has helped achieve those reforms;

NOW THEREFORE, in consideration of the undertakings set forth herein and intending to be legally bound thereby, it is stipulated and agreed to by the Plaintiffs and the Defendants, represented by their undersigned counsel, that all of Plaintiffs' claims for relief which were or could have been asserted in
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this action shall be fully resolved on the following terms as set forth in this Settlement Agreement.

I. ENSURING PERMANENCE, SAFETY AND CHILD WELL-BEING

A. Child welfare outcomes for plaintiff class children and performance measures of child welfare practice improvements will be phased in over three one-year periods beginning January 1, 2003, January 1, 2004 and January 1, 2005, respectively. Those periods are respectively referred to hereinafter as Period 1, Period 2 and Period 3. If defendants are not in compliance with a requirement of this Agreement at the end of Period 3 as acknowledged by defendants or determined by the arbitrator, the Period 3 requirement remains in effect until defendants comply, governed by provisions of this Agreement relating to that requirement unless the parties mutually agree to termination or modification.

B. Permanence

1. The parties will negotiate in good faith as soon as practicable with the Milwaukee County District Attorney to ensure adequate legal representation for the prosecution of termination of parental rights (TPRs) petitions, consistent with ASFA requirements.

2. At least the following percentages of children in BMCW custody reaching 15 of the last 22 months in out-of-home care during the period shall have had a TPR petition filed on their behalf, or an available Adoption and Safe Families Act (ASFA) exception documented in their case, by the end of their fifteenth month in care. In accordance with the court's decision of June 19, 2001, plaintiffs are prohibited from going behind or asking the arbitrator or federal district court to go behind defendants' discretionary determination that one or more of ASFA's exceptions apply, where defendants have documented an available exception. Placement with a relative in a particular case and documentation that TPR is not being pursued because of that placement satisfies the ASFA relative placement exception

requirement.

Period 1 65%

Period 2 75%

Period 3 90%

3. At least the following percentages of children in BMCW custody more than 15 of the last 22 month in out-of-home care without a TPR previously filed or an available exception previously documented shall have had a TPR petition filed on their behalf, or an available Adoption and Safe Families Act (ASFA) exception
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documented in their case by the end of the period. The percentages shall be calculated against a baseline of 1146 children. In accordance with the court's decision of June 19, 2001, plaintiffs are prohibited from going behind or asking the arbitrator or federal district court to go behind defendants' discretionary determination that one or more of ASFA's exceptions apply, where defendants have documented an available exception. Placement with a relative in a particular case and documentation that TPR is not being pursued because of that placement satisfies the ASFA relative placement exception requirement.

Period 1 75%

Period 2 85%

Period 3 90%

4. If the State does not obtain a federal Title IV-E waiver allowing subsidized guardianship before January 1, 2003, then no more than the following percentages of children in BMCW out-of-home care within the period shall be in care for more than 24 months. The percentage shall be calculated against a baseline of 5533 children in BMCW out-of-home care.

Period 1 40%

Period 2 35%

Period 3 25%

5. If the State successfully obtains a federal Title IV-E waiver allowing subsidized guardianship before January 1, 2003, then no more than the following percentages of children in BMCW out-of-home care within the period shall be in care for more than 24 months. The percentage shall be calculated against a baseline of 5533 children in BMCW out-of-home care.

Period 1 40%

Period 2 30%

Period 3 20%

6. At least the following percentages of children who are reunified with parents or caretakers at the time of discharge from BMCW out-of-home care within the period shall be reunified within 12 months of entry into care.

Period 1 to be monitored only

Period 2 65%

Period 3 71%

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7. At least the following percentage of children for whom an adoption is finalized within the period shall exit BMCW out-of-home care within 24 months of entry into care.

Period 1 20%

Period 2 25%

Period 3 30%

C. Safety

1. No more than the following percentages of children in BMCW custody shall be the victims of substantiated abuse or neglect allegations within the period by a foster parent or staff of a facility required to be licensed.

Period 1 .70%

Period 2 .65%

Period 3 .60%

2. At least the following percentages of reports within the period alleging abuse or neglect of a child in BMCW custody shall be referred to the independent investigation agency for independent investigation within three business days.

Period 1 80%

Period 2 85%

Period 3 90%

3 At least the following percentages of reports referred for independent investigation within the period shall be assigned to an independent investigator by the independent investigation agency within three business days of the independent investigation agency's receipt of the referral from BMCW.

Period 1 80%

Period 2 85%

Period 3 90%

4. The determination required by section 48.981(3)(c)4. of the Wisconsin Statutes must be made within 60 days of receipt of the referral by the independent investigation agency in at least the following percentages of independent investigations referred by BMCW.

Period 1 80%

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Period 2 85%

Period 3 90%

D. Child Well-Being

1. BMCW shall ensure that ongoing case managers shall have caseloads not to exceed an average for each BMCW case management Site of 11 families per case-carrying manager. Compliance with this requirement at any given point in time shall be measured by averaging each Site's current monthly caseload average with the corresponding Site averages for the preceding 2 months.

2. The above provision shall be phased in incrementally and shall be fully effective by Jan. 1, 2004, but not enforceable until April 1, 2004. During the phase-in period, commencing January 1, 2003, no Site shall have average caseloads of over 13 families per case-carrying ongoing case manager.

3. By January 1, 2003, and thereafter for the duration of this agreement, BMCW will include a contract holdback provision in its BMCW Site case management contracts for each BMCW case management site that will impose a sufficient holdback on each site that does not meet 90 % compliance with monthly face-to-face visits of children in BMCW custody by their case manager.

4. BMCW will enforce the monthly face-to-face visits holdback provisions in case of noncompliance for months beginning with July, 2003.

5. The use of shelter placements shall be phased out entirely.

6. By December 31, 2003, and thereafter, no child shall be placed in a shelter.

7. By December 31, 2003, BMCW shall develop special diagnostic/assessment centers for children over 12 years of age who need further assessment in order to determine the appropriate placement. Placement in such centers shall not exceed 30 days, or 60 days if the placement is extended in accordance with applicable state law.

8. The Division of Children and Family Services shall make its best efforts to seek legislative approval of foster parent reimbursement rates consistent with USDA standards.

9. At least the following percentages of children in BMCW custody within the period shall have had three or fewer placements after January 1, 1999, during their current
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episode in BMCW custody. The number of placements will exclude time-limited respite care placements and returns to the same caretaker after an intervening placement during the same out-of-care episode. Those children in BMCW custody through the Wraparound Milwaukee program shall be excluded from this calculation.

Period 1 80%

Period 2 82%

Period 3 90%

II. NAMED PLAINTIFFS

BMCW will supply Plaintiffs' counsel with quarterly updates of the named plaintiffs' case records until an adoption is finalized, a permanent guardianship order is entered or the child is no longer in BMCW custody. The parties will engage in monthly good faith discussions concerning the appropriateness of the care and treatment of the named plaintiffs until an adoption is finalized, a permanent guardianship order is entered or the child is no longer in BMCW custody, except that

defendants agree to the post-adoption services described below. In the event that the parties dispute appropriateness of the services and treatment plans to be provided prior to adoption for the named plaintiffs, the parties will refer the dispute to the arbitrator for resolution binding on the parties. Notwithstanding V.C., before the parties can move the court for termination of the Agreement, the parties must agree, or the arbitrator must determine, that as to any of the named plaintiffs who has not had an adoption finalized or a permanent guardianship order entered, and who is still in BMCW custody, the defendants have substantially complied with the corresponding section below.

A. Danny C. and Frank M. BMCW shall continue to pursue the adoption of Danny C. and Frank M. by their current foster parents, and shall provide individual post-adoption counseling for both boys as long as it is recommended by their therapist and consented to by their foster/adoptive parents.

B. Corey H. BMCW shall continue to pursue the adoption of Corey H. by identifying and approving a qualified adoptive family with whom he can be placed as soon as practicable. All necessary services identified by BMCW will be provided to continue to support an adoptive placement. Additionally, BMCW shall ensure that he remains eligible for Title XIX medical coverage post-adoption through an adoption subsidy agreement.

C. Julie R. BMCW shall continue to pursue the adoption of Julie R. by her current foster parent, shall continue to make efforts to keep Julie R. placed in a home with her sisters, shall
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continue to provide mentoring services to her and shall continue to coordinate special education services for her. Additionally, BMCW shall assure that she remains eligible for Title XIX medical coverage post-adoption through an adoption subsidy agreement.

D. Diana H. BMCW shall continue to pursue the adoption of Diana H. by her current foster parents, and shall assure that she remains eligible for Title XIX medical coverage postadoption through an adoption subsidy agreement.

III. MONITORING

A. The BMCW Program Evaluation Managers (PEMs) will conduct a comprehensive review (such as conducted for the second quarter 2000) at least once each period, which shall be made publicly available promptly upon completion.

B. Monitoring of and reporting on all the elements specified in Article I of this Agreement shall be conducted by the BMCW PEMs on a semi-annual basis and shall be made publicly available promptly upon completion. At the conclusion of Period 3, monitoring will continue only with regard to Article I requirements that remain unmet and in effect pursuant to I.A.

C. In addition to reporting on the elements specified in Article I of this Agreement, the PEMS shall also monitor and report on the following elements in their semi-annual monitoring reports. The conducting of reviews and the production of reports on these elements by the PEMS shall constitute compliance with this sub-section, and these elements and related findings are not enforceable under this Agreement. The requirement to conduct reviews and produce reports under this section terminates on December 31, 2005.

1. BMCW provision of an initial family assessment for all children within 90 days of their first placement;
2. BMCW provision of an initial medical examination for all children within 5 business days of their first placement, except for children discharged from hospital to placement;
3. BMCW provision of a complete placement information packet regarding a child's health and educational background for a random sample of at least 50 children being placed with a new caretaker;

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4. BMCW referral of children in BMCW custody to health care services and utilization of health care services, including regular pediatric medical and dental examinations;
5. BMCW compliance with the federal standard for an initial case plan/permanency plan for all children within 60 days of entering BMCW custody;
6. State compliance with the federal requirement for a judicial or administrative permanency plan review every 6 months, and at least one judicial permanency plan review annually;
7. The percentage of children re-entering BMCW out-of-home care within the period who have re-entered care within 12 months of a prior BMCW out-of-home care episode; and
8. Ongoing case manager turnover rates per BMCW case management Site, identifying

the number of ongoing case managers carrying cases at the beginning of the reporting period, the number of ongoing case managers carrying cases who leave for any reason during the reporting period, and the number of ongoing case managers carrying cases added during the period.

9. The monthly caseload averages of children per ongoing case manager carrying cases, for each BMCW case management Site, including the maximum and minimum number of children at the end of the month per manager.

IV. ENFORCEMENT

A. If Plaintiffs determine based upon their good faith review of available evidence, that Defendants are out of compliance with any provision of this Agreement, Plaintiffs will notify Defendants in writing accompanied by supporting documentation.

B. The parties shall engage in a good faith negotiation to reach agreement within 45 days on the existence of any alleged noncompliance and any necessary corrective actions, including a time period for implementation of such corrective actions, and shall make all reasonable efforts to reach agreement. This 45 day time period can be extended by mutual agreement, or in the absence of agreement, can be extended for one 30 day period by either party.

C. If no agreement on the issue of noncompliance or necessary corrective action is reached within the timeframe set in IV.B., the dispute will be submitted to an arbitrator agreed upon by the parties for a determination of compliance or non-compliance and appropriate corrective action.

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D. A determination of the arbitrator is binding on the parties. A party wishing to enforce or challenge an arbitrator determination may do so by filing a motion with the court within 30 days for non-compliance, contempt, remedial actions, or modification or rejection of the arbitrator's findings. The parties shall not object to, or seek modification of, the arbitrator's determinations or findings except on grounds that they are clearly erroneous as a matter of fact or law.

E. If the implementation of corrective actions fails and noncompliance continues, the parties shall re-engage in good faith negotiations under paragraphs A. and B.

F. Plaintiffs shall not seek any enforcement action, including submission of a dispute to the arbitrator, for the first six months after the signing of this Agreement or July 1, 2003, whichever is later, except that good faith negotiations under A. and B. may commence six months after the signing of this Agreement.

G. The court shall retain ultimate jurisdiction to enforce this Agreement.

H. All of the provisions of this Agreement are separately and independently enforceable, except where the Agreement provides that an element or provision is not enforceable.

V. TERMINATION AND EXIT

A. Defendants shall be determined in compliance with any Article I requirement of this Agreement for any period in which a semi-annual PEM report during the period indicates compliance. Defendants may at any time after July 1, 2004 seek an arbitrator determination that they have met the requirements of any specific provision of Article I of this Agreement and are no longer subject to enforcement of that provision, including a determination that they have met the requirements of a Period 3 percentage standard during the most recent two consecutive six-month intervals. Where plaintiffs acknowledge or the arbitrator determines that defendants have met the requirements of a specific Article I provision during the most recent two consecutive six-month intervals, monitoring of that provision shall continue until this Agreement is terminated, but that provision shall no longer be enforceable under this Agreement.

B. The arbitrator's determinations under V. A. shall be binding on the parties. A party wishing to enforce or challenge an arbitrator determination may do so by filing a motion with the Court. The parties shall not object to the arbitrator's determinations or findings except on grounds that they are clearly erroneous as a matter of fact or law.

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C. When the arbitrator determines that defendants have complied with all provisions of Article I of this Agreement, the parties shall jointly move the court for termination of the Agreement. This Agreement shall remain in full force and effect until the Court terminates jurisdiction.

VI. MISCELLANEOUS

A. The terms of this Agreement apply to children who are or will be in BMCW custody.

B. Definitions:

1. Out-of-home care shall be defined consistent with the federal ASFA definition of

foster care.

2. BMCW custody shall mean physical and/or legal custody.

3. Independent investigations are all investigations of abuse and neglect of children in BMCW custody required by state law to be referred to an independent agency.

4. Ongoing case managers means those persons currently employed by BMCW, and BMCW's vendor agencies, who provide case management services to children in BMCW custody.

5. Shelters shall mean non-foster home placements designed for emergency short-term placements.

C. Reports and other documentation produced by the PEMS or WiSACWIS are presumed regular and correct.

D. Time shall be computed under sections 990.001(4) and 801.15(1)(a) of the Wisconsin Statutes.

E. Forthwith upon the Court's approval of the Settlement Agreement, the State of Wisconsin will cause to be transmitted to plaintiffs' attorneys the sum of Nine Hundred and Fifty Thousand Dollars (\$950,000) in full and final settlement of any and all claims plaintiffs may have for attorneys' fees and costs, including any costs incurred by plaintiffs for the services of expert witnesses, arising from this litigation through the date the Court approves the Settlement Agreement.

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SO ORDERED:

Rudolph T. Randa, U.S.D.J. DATE

DHFS

Department of Health and Family Services

2003-2005 Biennial Budget Issue Paper

August 19, 2002

Topic: Foster Care Rate Increase

Summary of Program

Uniform foster care rates (UFCR) are established under s. 48.62 (4) for all children whose cost of care is paid directly to foster parents by a County Department of Social or Human Services or the Department of Health and Family Services. UFCR provide a standard scale of payments to foster parents, treatment foster parents and family operated group homes for the cost of caring for a foster child. In addition to the basic rate, if a foster child has emotional, behavioral or medical problems, the foster parents may receive a supplemental or exceptional payment.

Problem Description

The basic foster care rate is intended to cover the basic costs of care for a child. However, foster care rates are not tied to an inflationary or cost index and are not increased on a regular basis. The Department must decide whether to request a foster care rate increase.

Background

1. The basic rate is intended to cover food, clothing, housing, personal care and other expenses. The 1999-2001 biennial budget increased rates by 1.0% in each of calendar years 2002 and 2001. The 2001-2003 did not provide for any foster care rate increases in CY02 or CY03. Foster care rates from 1998 through since 1998 are shown below:

Wisconsin Basic Uniform Foster Care Rate

Age of Child	CY98	CY99	CY00	CY01	CY02	CY03
0-4	\$289	\$296	\$299	\$302	\$302	\$302
5-11	\$315	\$323	\$326	\$329	\$329	\$329
12-14	\$358	\$367	\$371	\$375	\$375	\$375
15-18	\$374	\$383	\$387	\$391	\$391	\$391

2. Calendar year 2001 foster care rates for states in Region V are:

State	Age 2	Age 9	Age 16
Illinois	369	410	445
Indiana	486	536	603
Michigan	439	439	542
Minnesota	490	490	596
Ohio	603	603	603
Average (excluding WI)	477	496	558
Wisconsin	302	329	391

3. In addition to the basic rates listed in the above table for Wisconsin, the Department provides special supplemental payments for children who need more care and supervision because of special emotional, behavioral, or physical needs. The state also provides an initial clothing allowance for those children who need it. The foster care rates for other states in the above table may reflect these types of special needs payments.
4. While maintenance payments to foster families represent only one component of the variety of supports provided to foster families, they do indicate a level of state commitment to children in need and the foster families that provide a healthy and safe environment for children.
5. Funding for foster care rate increases is budgeted as follows.
 - ? DHFS is responsible for child protective services in Milwaukee County, including foster care and other out-of-home placements for CPS children. Funding for foster care rate increases for Milwaukee child protective services children would be budgeted in the Department's Milwaukee Child Welfare budget.
 - ? Counties are responsible for child protective services in their county, including foster care and other out-of-home placements for CPS children and utilize Community Aids funding for this purpose. Funding for foster care rate increases are budgeted in the Community Aids budget.
 - ? DHFS is responsible for foster care and other out-of-home care placements for children with special needs for whom parental rights have been terminated. DHFS is also responsible for adoption assistance payments for special needs children. Adoption assistance payments are based on the uniform foster care rates. Funding for foster care rate increases for these children is budgeted in the State Foster Care and Adoption Assistance budget.
6. Since there is a significant difference between the Wisconsin and the average Region V foster care rates, the Department could set a goal of increasing Wisconsin foster care rates to the average Region V foster care level over the next two biennia (the 03-05 and the 05-07 biennia). Given that foster care rates are set on a calendar year basis, implementing this policy would involve foster care rate increases in CY04, CY05, and CY06. Under this scenario in each of these calendar years, Wisconsin's foster care rate would be increased by one-third of the differential between the CY2001 Wisconsin rate and the average Region V rate.
7. Increasing Wisconsin foster care rates to the average Region V calendar year 2001 foster care rate over CY04-CY06 would cost approximately \$1,713,800 GPR and \$810,000 FED in FY04 and \$5,156,000 GPR and \$2,438,700 FED in FY05.
8. The state is undergoing a comprehensive federal child and family services review in 2003. The review includes interviews with foster parents. The low basic foster care rates and the lack of a rate increase since 2001 will likely be identified as criticisms of the state in the federal review process.

Recommendation

DCFS recommends increasing Wisconsin foster care rates to the average Region V calendar year 2001 foster care rate over CY04-CY06 and requesting \$1,713,800 GPR and \$810,000 FED in FY04 and \$5,156,000 GPR and \$2,438,700 FED in FY05 for this purpose.

Program Standards for Adolescent Assessment Attachment C and Placement Stabilization Programs

PART III—SPECIFIC PROGRAM REQUIREMENTS

SECTION A- ADOLESCENT ASSESSMENT CENTER

3.1A Program Statement

The purpose of the Adolescent Assessment Centers is to provide a short-term placement, for adolescents ages 12-17. It is a resource to the Bureau of Milwaukee Child Welfare (BMCW) for adolescents who were taken into protective custody for the first time. The Adolescent Assessment Center will provide a safe and nurturing living environment in which adolescents can be stabilized, monitored, and assessed for the most appropriate placement for permanency of the adolescents. It is to be modeled after a traditional family home setting and should serve no more than 8 adolescents at one time. The philosophy of the Adolescent Assessment Centers, in keeping with the mission of BMCW and DHFS, is to help promote permanency for adolescents with family reunification being the first choice to the extent possible. All services provided by the Adolescent Assessment Centers shall promote this philosophy. It must see itself as a key unit of the overall public child welfare system agencies' services to adolescents.

3.2A Licensing Requirements

3.2.1A The contract partner must be licensed by the Bureau of Regulation and Licensing (BRL) as a Shelter Facility under HFS 59 prior to the final signing of the contract for this RFP.

3.2.2A The contract agency must maintain the Shelter Facility license, in good standing, throughout the course of the contract.

3.2.3A The contract agency must comply with all requirements as set for by BRL and BMCW.

3.2.4A The contract partner must ensure a two-day supply of proper nutritional food available to meet the needs of the total number of adolescents for which the assessment center is licensed.

3.2.5A The contract partner must ensure that adolescents placed at their facility are adequately clothed during their stay; adolescents at the assessment center may maintain their own clothes. The contract partner must ensure that an emergency supply of clean and appropriate clothes are available to adolescents who do not have an inadequate supply of their own clothing.

3.2.6A All licensing violations by the contract partner will be reported by BRL to BMCW.

3.3A Location of Adolescent Assessment Centers.

3.3.1A BMCW will need to have 4 Adolescent Assessment Centers with 2 centers for males and 2 centers for females.

3.3.2A BMCW is requesting the Adolescent Assessment Centers to be located in the following areas

Location of Adolescent Assessment Centers

Type	Bed capacity	Gender	Serving Site
Adolescent Assessment Center	8	Male	1, 2, 3
Adolescent Assessment Center	6	Male	3, 4, 5 (south suburbs)
Adolescent Assessment Center	8	Female	1, 2, 3
Adolescent Assessment Center	6	Female	4, 5 South Suburbs

3.4A Admission requirements

3.4.1A The contract partner shall only accept placements (excluding children on a Wraparound order) authorized by the Bureau of Milwaukee Child Welfare or its' contract partner for out of home care services. Only BMCW's contract partner for out of home care services can authorize daytime placements (Monday-Friday 8AM to 5PM). Evening, Weekend and Holiday placements are authorized by the after-hours BMCW Supervisor.

3.4.2A The contract partner will require the placing worker to complete the Adolescent Assessment Center/Placement Stabilization Center Admission Form

3.4.3A The contract partner will require BMCW placement packets (orange folders) upon admission to the Adolescent Assessment Center however, in the rare circumstances that a placement packet is not available the Adolescent Assessment Center cannot refuse placement.

3.4.4A The contract partner should accept all placements; the contract partner may refuse placements of adolescents in accordance to section 3.17.4A. Placements can be made 7-days a week, 24 hours a day. The contract partner must ensure a single point of contact for placement coordination at all times. The contract partner will make available a telephone number or beeper number that will be answered 24 hours a day. If the contract partner uses a pager as the means by which BMCW case manager are to contact the Adolescent Assessment, all pages will be returned within ten (10) minutes.

If the contract partner cannot be reached by telephone or by pager within ten (10) minutes the BMCW, in its' discretion, may assess a fee in the amount of \$75.00 for each violation. The Adolescent Assessment Center Coordinator will register violations that occur with the BMCW Superintendent of Shelter Care. The BMCW Superintendent of Shelter Care will notify the contract partner in writing if a violation of this subsection is substantiated and a fee is to be assessed.

3.4.5A The contract partner must develop guidelines for inventorying and securing the adolescent's belongings and locating contraband, lighters, knives, etc. upon admission within any applicable confines of patient rights standards under HFS 94.

3.4.6.A In rare cases of overflow issues with the Placement Stabilization Centers, the contract partner for Adolescent Assessment Centers may be advised by BMCW to accept adolescents who do not meet the criteria of first time placement. In such instances the higher rate for placement stabilization centers (\$162.00/day) will be paid for each day the identified adolescent is placed in the Adolescent Assessment Center.

3.5A Assessments

3.5.1A All adolescents admitted to the Adolescent Assessment Centers must have internal and external assessment completed unless otherwise designated by the appropriate BMCW case manager.

3.5.2A All internal and external assessments must include a description in the following categories:

- Emotional functioning/adjustment
- Behavioral functioning/adjustment
- Educational functioning/adjustment
- Social functioning/adjustment
- Activities of daily living
- Communication skills
- Independent living skills
- Strengths
- Weaknesses

A. Internal Assessments

1. The contract partner must develop guidelines to ensure that ongoing internal assessments of the adolescents are comprehensive, complete and provided to the assigned BMCW case manager and designated out of home care staff according to the report requirements in;
2. Each adolescent must have a preliminary assessment completed within 5 business days of admission and received by the designated OHCU staff and BMCW case manager.
3. The assessments must be updated and received to the designated OHCU staff and BMCW case manager every Wednesday by 10:00a.m.

B. External Assessments

1. Based on recommendations by the Adolescent Assessment Center, the BMCW case manager has the responsibility to identify what external assessments each adolescent will receive and to identify the service provider.
2. The contract partner for the Adolescent Assessment Center must coordinate multidisciplinary evaluations that identify the adolescent's specific needs and assist on the prompt delivery of the services that address the identified needs.

3.6A Discharge Planning

- 3.6.1.A The contract partner will assist in planning for the permanent placement of adolescent through frequent contact and cooperation with each adolescent's case manager.
- 3.6.2.A The contract partner must participate fully in the Initial Coordinated Services Team (ICST) meeting by sharing the results of any internal and external assessments.

3.7A Length of Stay

- 3.7.1.A The length of stay in an Adolescent Assessment Center is not to exceed 30 days without an extension being granted according to BMCW policies and procedures, HFS 59 and Wis. Stats.
- 3.7.2.A. The length of stay in a Placement Stabilization Center is not to exceed 20 days according to BMCW policies and procedures, HFS 59 and Wis. Stats. There is no extension for adolescent placed in this facility.

3.8A Off-ground Activities

- 3.8.1.A The contract partner can only allow an adolescent an off-ground activity after authorization by the **assigned BMCW case manager**. This authorization must be made in writing before an activity can occur. See Section 3.16 of this RFP for information governing AWOL issues.
- 3.8.2.A The contract partner must ensure that the assigned BMCW case manager approves the length of the specific activity.
- 3.8.3.A The contract partner must ensure that unless an adolescent has been approved for an off-ground activity, the contract partner staff will directly supervise all activities of the adolescent.
- 3.8.4.A The contract partner must document any time the adolescent is on an approved off-ground activity or away from the facility for any length of time. The contract partner must include in the documentation the following items:
 - Time of departure
 - Time of return
 - Type of activity
 - Location of activity
 - Physical condition at time of departure/return
 - Emotional condition at time of departure/return
 - Behavioral condition at time of departure/return
 - Transportation arrangements

3.9A Community/Resource Development

3.9.1A The contract partner must ensure that the adolescents are educated in specific resources within their community.

3.9.2A The contract partner must develop a resource handbook for the adolescents who enter the facility. The resource handbook must contain information about the following areas:

- Medical (local pharmacies, free clinics, dentists, doctors, and hospitals)
- Educational (schools, community/technical colleges, in-state Universities)
- Social/Recreational (libraries, YMCA's, YWCA's, Boys and Girls Clubs, Family Resource Centers, health clubs, art and civic centers and team/individual sports.)
- Vocational (job centers, W2 agencies)

3.10A Employment/Community Services Related Activity

3.10A The contract partner must ensure that any adolescent that has a current employment or community service requirement is allowed to maintain the employment or continue to complete the community service requirement with prior approval by the assigned BMCW case manager.

3.11A Educational Services

3.11.1.A The contract partner must provide assistance to maintain the adolescent's existing school placement if at all possible and appropriate. All adolescents are expected to attend school every day.

3.11.2.A The contract partner must ensure that transportation issues are addressed to ensure that every adolescent has the ability to attend school, when this is not possible then the contract partner must provide transportation to and from school.

3.11.3A. The contract partner must ensure continuity of care between the adolescent's school and assessment center and all issues are immediately reported to the assigned BMCW case manager.

3.12A Medical, Dental or Behavioral Evaluations or Services

3.12.1A The contract partner must schedule routine, follow-up and emergency medical, dental or behavioral appointments for the adolescent. The contract partner must ensure that transportation issues are addressed to ensure that every adolescent has the ability to attend all medical, dental and behavioral appointments and when this is not possible then the contract partner must provide transportation to and from these appointments.

3.12.2A For new adolescents entering out of home care, the contract partner must contact the Child Protection Center (CPC) within 1 business day to arrange for a health screen, which must be completed within 5 business days of entering out of home care. CPC is located at 1020 N. 12th Street, Milwaukee, WI.

3.12.3A The contract partner must coordinate with assigned BMCW case manager to arrange for dental appointments; all new adolescents must be scheduled for an initial dental exam through the BMCW case manager for BMCW's mobile dental service unless otherwise indicated by BMCW.

3.12.4A The contract partner must evaluate the dental needs of all adolescents who are admitted directly from another out of home placement.

3.12.5A The contract partner must arrange for and obtain any prescription medications the adolescent requires.

3.12.6A The contract partner must administer medications as required and as outlined by HFS 59 including the documentation of the medication dosage and frequency given.

3.13A Medicaid Cards

3.13.1A Adolescents removed from their homes and placed in Assessment Centers under a Temporary Physical Custody order or a Child in Need of Protective Services Order is eligible for Medicaid except in rare circumstances. The assigned BMCW case manager is responsible for applying for Medicaid coverage when an adolescent is placed and for supplying current address

information to the Wisconsin Medicaid Program for adolescents in out of home care. The assigned BMCW case manager will provide a Temporary Medicaid Card at the time of admission (Placement Packet) and a permanent Medicaid Card, termed a Forward Card, will be provided to the Adolescent Assessment center when it is issued. If a service provider denies the temporary medical card, the Adolescent Assessment Center will contact the assigned BMCW case manager for follow-up.

3.13.2.A If the Adolescent Assessment Center takes an adolescent to a medical provider or purchases prescribed medication, the shelter will present the Temporary Medical Card or the Forward Card to the medical provider or pharmacy and tell the medical provider or pharmacy to bill the adolescent's Medicaid account.

3.14A Recreational/Social Activities

3.14.1.A The contract partner must provide and supervise daily structured recreational/social activities.

3.14.2.A The contract partner must ensure that any adolescent who has an approved recreational/social activity from BMCW case manager is allowed to continue that activity.

3.14.3.A The contract partner must ensure that transportation issues are addressed to ensure that every adolescent has the ability to attend recreational/social activities, when this is not possible then the contract partner must provide transportation to and from recreational/social activities.

3.15A Visitation Requirements

3.15.1.A The contract partner must ensure that transportation issues are addressed to ensure that every adolescent has the ability to attend visits with family members, when this is not possible then the contract partner must provide transportation to and from visitations if required.

3.15.2.A The contract partner will provide a privacy area for visitations at the facility when applicable.

3.15.3.A The contract partner must ensure that a family visit is not considered a "pass" and that no violations of house rules or disciplinary measures result in missing family visits.

3.16A Absent Without Leave (AWOL) Issues

3.16.1.A When the contract partner determines that an adolescent is AWOL from the facility during business hours (8:00 a.m. to 5:00 p.m.), the Contract partner will contact all of the following; the police, OHC, BMCW assigned staff and/or supervisor. The contract partner must initiate all contacts within 10 minutes of determining an adolescent is AWOL.

3.16.2.A When an adolescent goes AWOL after business hours, the contract partner will contact 220-SAFE and the police. The contract partner will also leave a voice mail message for the assigned BMCW case manager and/or supervisor and the Adolescent Assessment Center Coordinator. The contract partner must initiate all contacts within 10 minutes of determining an adolescent is AWOL.

3.16.3.A The contract partner will complete an Incident Report on the missing adolescent and submit it to the BMCW case manager, the Adolescent Assessment Center Coordinator, the Out of Home Care PEM, and BRL.

3.16.4.A For any adolescent who has been reported AWOL, the contract agency will "hold" the bed overnight for that adolescent.

3.16.5.A If the adolescent does not return by the next day, the adolescent will be effectively discharged from the facility unless otherwise authorized by the OHC unit for BMCW. BMCW may authorize and pay for a "bed hold" for up to 14 days.

3.16.6.A If a adolescent who is determined to be AWOL returns to the facility of their own accord within 48 hours of being discharged, the facility will readmit the adolescent and then notify the assigned BMCW case manager and OHC unit.

3.16.7.A If an adolescent returns to the facility after 48 hours, the assigned BMCW case manager must be contacted during business hours or 220-SAFE if it is after business hours.

3.16.8.A If no bed is available during after hours, the contract agency will call 220-SAFE.

3.17A Incident Reports

3.17.1A If an adolescent returns from an activity intoxicated, under the influence of drugs, or belligerent behavior the contract partner will first attempt to stabilize the situation and maintain the adolescent at the facility, however, if the adolescent is out of control the contract partner will notify the police and/or emergency medical services and the assigned BMCW case manager. The contract partner must complete an Incident Report using the attached form and submit the completed Incident Report to the Adolescent Assessment Center Care Coordinator for the Out of Home Care Unit.

3.17.2A The contract partner must follow all reporting requirements of Serious Incident Reports to BRL.

3.17.3.A If an adolescent engages in behavior that includes an act of violence or threat of violence or whose conduct results in damage to property the Contract partner must complete an Incident Report. Under these circumstances it is appropriate for the contract partner to contact law enforcement officials. If the police officer concludes that the behavior is criminal the police office may remove the adolescent from the assessment center. If the police officer does not believe the adolescent's behavior necessitates that he or she be detained, then the adolescent is to remain at the shelter. The contract partner may make a request to have the adolescent removed following the procedures set forth in the contract. Under no circumstances is the contract partner to make a unilateral decision to have the adolescent removed from the assessment center.

3.17.4A In addition, the general rule is that a contract partner must accept all placement referrals authorized by BMCW. Contractually there are only two acceptable reasons for refusing the placement of an adolescent.

A. The Adolescent Assessment Center does not have an age and gender appropriate vacancy.

B. The Adolescent Assessment Center is under a health quarantine that is recognized by the Adolescent Assessment Center Coordinator.

C. The fact that a adolescent has previously run away from an assessment center is not an acceptable reason for refusing the placement of an adolescent.

3.17.5A Once an adolescent is placed at a Center the contract partner must make a written request to have the adolescent removed by completing an Adolescent Assessment Center Removal Request Form. The request is to be submitted to the Adolescent Assessment Center Coordinator who will review the request with the BMCW case manager and respond to the request within one business day. Under no circumstances is the contract partner to refuse the placement of an adolescent who exhibits disruptive behavior.

3.17.6A If a Center refuses to accept placement of an adolescent in violation of the contract, the Adolescent Assessment Center Coordinator will register violations that occur with the BMCW Superintendent of Shelter Care. The BMCW Superintendent of Shelter Care will notify the contract partner in writing if a violation of this subsection is substantiated and a fee is to be assessed. BMCW may assess a fee in the amount of \$150.00 for each refusal.

The incident report does not in any way replace the contract partner's statutory responsibility to report all adolescent abuse and neglect allegations by calling 220-SAFE.

3.18A Staff Ratio

3.18.1A There will 1 staff for every 4 adolescents in the placement during waking hours. There will be 1 awake staff for every 8 adolescents in the placement during sleeping hours. (11:00 PM – 6:00 AM).

3.19A Shelter Care Extensions

3.19.1A If a pre-dispositional adolescent in an Adolescent Assessment Center placement longer than 30 days, BMCW will provide an internal 15-day extension permitting an adolescent to stay in the Adolescent Assessment Center for up to 45 days. The Adolescent Assessment Center Coordinator will provide a copy of the internal extension to the contract partner. If BMCW wishes to maintain a pre-dispositional adolescent in the Adolescent Assessment Center longer than 45 days BMCW must obtain a second 15-day extension from the Bureau of Regulation and Licensing. BMCW will request the second extension and the Adolescent Assessment Center Coordinator will provide a copy of the second extension to the contract partner. No adolescent may legally remain in the Adolescent Assessment Center for more than sixty (60) days.

3.20A Communication with BMCW

3.20.1A A critical aspect of the BMCW is communication. Each partner must work together as a team. Each child welfare partner is responsible for developing methods, which will build the relationship between the Initial Assessment and Ongoing service sites and the Out-of-Home Care Unit.

3.20.2A If the Contract partner does not know the identity of an adolescent's worker, the Contract partner will contact the Adolescent Assessment Center Coordinator. The Adolescent Assessment Center Coordinator will provide the adolescent center with the worker's name, site number, phone number, supervisor name and supervisor's phone number.

3.20.3A The Contract partner will contact the adolescent's worker regarding regular case activity. If the adolescent's worker is unavailable the Contract partner will contact the worker's supervisor. If the supervisor is unavailable the Contract partner will contact the Adolescent Assessment Center Coordinator. Finally, if the Adolescent Assessment Center Coordinator is unavailable the Contract partner will contact the Adolescent Assessment Center Coordinator's supervisor.

3.21A Staff Qualifications and Training

3.21.1A Staff must have the relevant educational background, work experience and training relating to caring for adolescent who have been abused or neglected. They should be culturally competent and knowledgeable about the following:

- Impact of maltreatment on the adolescent's growth and development
- Nature and stages of development of adolescents (physical, cognitive, social, moral and emotional)
- Effects of separation

3.21.2A The contract partner must ensure diversity of staff to reflect the diverse population of adolescent who enters out-of-home care. The staff must be aware and supportive of the goal reunification and permanence to meet the needs of the adolescent.

3.21.3A Staff retention is essential to quality of services. The contract partner must describe and implement strategies to support and retain caring and competent staff.

3.21.4A The contract partner must ensure annual training as required by BRL and the training should include topic areas on de-escalating aggressive behavior, oppositional defiant behavior communicable diseases, sexualized behaviors, and separation from family.

3.21.5A The contract partner must ensure that staff attends all BMCW sponsored training developed for their staff.

3.22A Reports and/or Documents Due

3.22.1A The Adolescent Assessment Center must establish a comprehensive Self Assessment and Continuous Quality Improvement plan process to determine if the:

- A. Needs of the adolescent are being met in a manner that is supportive of the goals of reunification and permanence

B. Outcomes of the service are achieved

C. Contractual requirements are met or exceeded.

3.22.2A The Continuous Quality Improvement Plan must be approved and submitted to the OHCU by July 31, 2004, and then yearly.

3.22.3A The Adolescent Assessment Center will ensure that planned and scheduled customer satisfaction surveys are implemented to serve as a basis for service/program improvement.

3.22.4A The Adolescent Assessment Center must use the BMCW complaint resolution process provided by BMCW.

3.22.5A The Adolescent Assessment Center must have a process for tracking re-entry rates and stability of placement.

3.22.6A The Adolescent Assessment Center will ensure that all required reports would be submitted as due.

3.22.7A OHCU and BMCW reserve the right to request additional information and reports.

3.22.8A. The contract agency will provide to the identified parties the following information as required by the identified time frame:

Reporting Requirements

Type of report	Frequency	Due date if applicable	Distribution list
Daily report including: <ul style="list-style-type: none">• Name of adolescent• Date of birth• Date of admission• Placing worker• Placement packet provided at time of admission• Status of adolescent ex: AWOL• Previous placement• Discharge date• Placement resource• Other pertinent information on each adolescent	Daily	By 7:45 a.m. daily	Out of Home Care Contact
Date and type of medical or behavioral evaluations and assessments for adolescent. Must include date seen at the Child Protection Center (CPC) for health screen (must occur within 5 business days of their initial placement) and any other medical, dental, or behavioral evaluations and assessments. This information must include: <ul style="list-style-type: none">• Evaluation date/time• Name of provider• Type of evaluation	Daily	Within 1 business day of making appointments and/or receipt of written evaluations	Out of Home Care Contact Case Manager

Type of report	Frequency	Due date if applicable	Distribution list
Internal Assessment on each individual adolescent	Within first 5 days of placement and weekly thereafter	Within first 5 days of placement and weekly thereafter by 10:00 a.m. on Wednesdays	Out of Home Care Contact Case Manager

Type of report	Frequency	Due date if applicable	Distribution list
Date adolescent had visitation with parent and siblings if applicable (must occur within 5 days of detention hearing)	Weekly	By 12:00 on the first business day following the previous week.	Out of Home Care Contact Case Manager
Status of adolescent placed: <ul style="list-style-type: none"> • Number of adolescent placed. • Names of adolescent placed • Birth date • Type of placement of adolescent post Assessment Center • Length of time in Assessment Center placement. 	Weekly with end of month reconciliation report	By the 5 th of the following month	Out of Home Care Contact And Out of Home Care PEM Superintendent of Shelter Care
Self Assessment/Quality Improvement plan	Yearly	First SA/QI plan due July 31, 2004 and April 30, 2005 then yearly	Out of Home Care Contact And Out of Home Care PEM
Extension requests at 30 and 45 days	At day 21 for 30 day extension and day 35 for 45 day extension.		Out of Home Care Contact And Out of Home Care Superintendent of Shelter Care BRL

Serious and egregious incidents including adolescent deaths as required by BMCW	Within same business day. Incidents occurring after business hours must be reported to the BMCW Intake line @ 414-220-SAFE.		Out of Home Care Contact And Out of Home Care PEM BRL
Serious and egregious incident reports as required by administrative code HFS59	Per BRL requirements		

*OHCU and BMCW reserve the right to request further information, data, and reports

SECTION B- PLACEMENT STABILIZATION CENTER

3.1B Program Statement

The purpose of the Placement Stabilization Center is to provide a short-term placement, for adolescents ages 12-17. It is a resource to the Bureau of Milwaukee Child Welfare (BMCW) for adolescents who require temporary placement while steps for stabilizing placements are being explored. The Placement Stabilization Center will provide a safe and nurturing living environment in which adolescents can be stabilized, monitored, and assessed for the most appropriate placement for permanency of the adolescents. It is to be modeled after a traditional family home setting and should serve no more than 8 adolescents at one. The philosophy of the Placement Stabilization Centers, in keeping with the mission of BMCW and DHFS, is to help promote permanency for adolescents with family reunification being the first choice to the extent possible. All services provided by the Placement Stabilization Centers shall promote this philosophy. It must see itself as a key unit of the overall public child welfare system agencies' services to adolescents.

3.2B Licensing Requirements

3.2.1B The contract partner must be licensed by the Bureau of Regulation and Licensing (BRL) as a Shelter Facility under HFS 59 prior to the final signing of the contract for this RFP.

3.2.2B The contract agency must maintain the Shelter Facility license, in good standing, throughout the course of the contract.

3.2.3B The contract agency must comply with all requirements as set for by BRL and BMCW.

3.2.4B The contract partner must ensure a two-day supply of proper nutritional food available to meet the needs of the total number of adolescents for which the assessment center is licensed.

3.2.5B The contract partner must ensure that adolescents placed at their facility are adequately clothed during their stay; adolescent at the assessment center may maintain their own clothes. The contract partner must ensure that an emergency supply of clean and appropriate clothes is available to adolescents who do not have an inadequate supply of their own clothing.

3.2.6B All licensing violations by the contract partner will be reported by BRL to BMCW.

3.3B Location of Placement Stabilization Centers

3.3.1B BMCW will need to have 5 Placement Stabilization Centers with 3 centers for males (1 being wheel chair accessible) and 2 centers for females (1 being wheel chair accessible).

3.3.2B BMCW is requesting the Placement Stabilization Centers to be located in the following areas

Location of Placement Stabilization Centers

Type	Bed capacity	Gender	Serving Site
Placement Stabilization Center	8	Male	1, 3, 5
Placement Stabilization Center	8	Male	4, 5 (south suburbs)
Placement Stabilization Center	8	Male	1, 2, 3
Placement Stabilization Center	8	Female	1, 2, 4, 5 (South Suburbs)
Placement Stabilization Center	8	Female	1, 2, 3

3.4B Admission requirements

3.4.1B The contract partner shall only accept placements (including children on a Wraparound order) authorized by the Bureau of Milwaukee Child Welfare or its contract partner for out of home care services. Only BMCW's contract partner for out of home care services can authorize daytime placements (Monday-Friday 8AM to 5PM). Evening, Weekend and Holiday placements are authorized by the after-hours BMCW Supervisor.

3.4.2B All placements of adolescents involved in Wrap-around services must be coordinated and authorized by BMCW's out of home care unit regardless of the time of day. The Wrap-around program is responsible for payment of Wrap-around children.

3.4.3B The contract partner will require the placing worker to complete the Adolescent Assessment Center/Placement Stabilization Center Admission Form

3.4.4B The contract partner will require BMCW placement packets (orange folders) upon admission to the Placement Stabilization Center, however, in the rare circumstances that a placement packet is not available the Placement Stabilization Center cannot refuse placement.

3.4.5B The contract partner should accept all placements; the contract partner may refuse placements of adolescents in accordance to section 3.17.4A. Placements can be made 7-days a week, 24 hours a day. The contract partner must ensure a single point of contact for placement coordination at all times. The contract partner will make available a telephone number or beeper number that will be answered 24 hours a day.

If the contract partner uses a pager as the means by which BMCW case manager are to contact the Placement Stabilization Center, all pages will be returned within ten (10) minutes.

If the contract partner cannot be reached by telephone or by pager and within ten (10) minutes the BMCW, in its discretion, may assess a fee in the amount of \$75.00 for each violation. The Placement Stabilization Center Coordinator will register violations that occur with the BMCW Superintendent of Shelter Care. The BMCW Superintendent of Shelter Care will notify the contract partner in writing if a violation of this subsection is substantiated and a fee is to be assessed.

3.4.6B The contract partner must develop guidelines for inventorying and securing the adolescent's belongings and locating contraband, lighters, knives, etc. upon admission within any applicable confines of patient rights standards under HFS 94.

3.5B Assessments

3.5.1B All adolescents admitted to the Placement Stabilization Centers must have internal and external assessment completed unless otherwise designated by the appropriate BMCW case manager.

3.5.2B All internal and external assessments must include a description in the following categories:

- Emotional functioning/adjustment
- Behavioral functioning/adjustment
- Educational functioning/adjustment
- Social functioning/adjustment
- Activities of daily living
- Communication skills
- Independent living skills
- Strengths
- Weaknesses

A. Internal Assessments

1. The contract partner must develop guidelines to ensure that ongoing internal assessments of the adolescents are comprehensive, complete and provided to the assigned BMCW case manager and designated out of home care staff according to the report requirements in.
2. Each adolescent must have a preliminary internal assessment completed within 5 business days of admission and received by the designated OHCU staff and BMCW case manager.
3. The assessments must be updated and received to the designated OHCU staff and BMCW case manager every Wednesday by 10:00a.m.

B. External Assessments

1. Based on recommendations by the Adolescent Assessment Center, the BMCW case manager has the responsibility to identify what external assessments each adolescent will receive and to identify the service provider.
2. The contract partner for the Adolescent Assessment Center must coordinate multidisciplinary evaluations that identify the adolescent's specific needs and assist on the prompt delivery of the services that address the identified needs.

3.6B Discharge Planning

3.6.1B. The contract partner will assist in planning for the permanent placement of adolescent through frequent contact and cooperation with each adolescent's case manager.

3.6.2.B The contract partner must participate fully in the Coordinated Services Team (CST) meeting by sharing the results of any internal and external assessments.

3.7B Length of Stay

3.7.1B The length of stay in a Placement Stabilization Center is not to exceed 20 days according to BMCW policies and procedures, HFS 59 and Wis. Stats. There is no extension for adolescents placed in this facility.

3.8B Off-ground Activities

3.8.1B The contract partner can only allow an adolescent an off-ground activity after authorization by the **assigned BMCW case manager**. This authorization must be made in writing before an activity can occur. See Section 3.16B of this RFP for information governing AWOL issues.

3.8.2B The contract partner must ensure that the assigned BMCW case manager approves the length of the specific activity.

3.8.3B The contract partner must ensure that unless an adolescent has been approved for an off-ground activity, the contract partner staff will directly supervise all activities of the adolescent.

3.8.4B The contract partner must document any time the adolescent is on an approved off-ground activity or away from the facility for any length of time. The contract partner must include in the documentation the following items:

- Time of departure
- Time of return
- Type of activity
- Location of activity
- Physical condition at time of departure/return
- Emotional condition at time of departure/return
- Behavioral condition at time of departure/return
- Transportation arrangements

3.9B Community/Resource Development

3.9.1.B The contract partner must ensure that the adolescents are educated in specific resources within their community, which address their medical, educational, social and recreational and vocational needs.

3.9.2.B The contract partner must develop a resource handbook for the adolescents who enter the facility. The resource handbook must contain information about the following areas:

- Medical (local pharmacies, free clinics, dentists, doctors, and hospitals)
- Educational (schools, community/technical colleges, in-state Universities)
- Social/Recreational (libraries, YMCA's, YWCA's, Boys and Girls Clubs, Family Resource Centers, health clubs, art and civic centers and team/individual sports.)
- Vocational (job centers, W2 agencies)

3.10B Employment/Community Services Related Activity

3.10.1.B The contract partner must ensure that any adolescent that has a current employment or community service requirements is allowed to maintain the employment or community service requirement with prior approval by the assigned BMCW case manager.

3.11B Educational Services

3.11.1B The contract partner must provide assistance to maintain the adolescent's existing school placement if at all possible and appropriate. All adolescents are expected to attend school every day.

3.11.2B The contract partner must ensure that transportation issues are addressed to ensure that every adolescent has the ability to attend school, when this is not possible then the contract partner must provide transportation to and from school.

3.11.3B The contract partner must ensure continuity of care between the adolescent's school and assessment center and all issues are immediately reported to the assigned BMCW case manager.

3.12B Medical, Dental or Behavioral Evaluations or Services

3.12.1B The contract partner must schedule routine, follow-up and emergency medical, dental or behavioral appointments for the adolescent. The contract partner must ensure that transportation issues are addressed to ensure that every adolescent has the ability to attend all medical, dental and behavioral appointments and when this is not possible then the contract partner must provide transportation to and from these appointments.

3.12.2B The contract partner must coordinate with assigned BMCW case manager to arrange for dental appointments through BMCW's mobile dentist unless otherwise indicated by BMCW.

3.12.3.B The contract partner must evaluate the dental needs of all adolescents who are admitted directly from another out of home placement.

3.12.4.B The contract partner must arrange for and obtain any prescription medications the adolescent requires.

3.12.5.B The contract partner must administer medications as required and as outlined by HFS 59 including the documentation of the medication dosage and frequency given.

3.13B Medicaid Cards

3.13.1B Adolescents removed from their homes and placed in a Placement Stabilization Center the assigned BMCW case manager is responsible for supplying for Medicaid coverage when an adolescent is placed and for supplying current address information to the Wisconsin Medicaid Program for adolescents in out of home care.

3.13.2B If the Placement Stabilization Center takes an adolescent to a medical provider or purchases prescribed medication, the shelter will present the Forward Card to the medical provider or pharmacy and tell the medical provider or pharmacy to bill the adolescent's Medicaid account.

3.14B Recreational/Social Activities

3.14.1.B The contract partner must provide and supervise daily structured recreational/social activities.

3.14.2.B The contract partner must ensure that any adolescent that has an approved recreational/social activity from BMCW case manager is allowed to maintain that activity.

3.14.3.B The contract partner must ensure that transportation issues are addressed to ensure that every adolescent has the ability to attend recreational/social activities, when this is not possible then the contract partner must provide transportation to and from recreational/social activities if required.

3.15B Visitation Requirements

3.15.1.B The contract partner must ensure that transportation issues are addressed to ensure that every adolescent has the ability to attend visits with family members, when this is not possible then the contract partner must provide transportation to and from visitations if required.

3.15.2.B The contract partners will provide a privacy area for visitations at the facility when applicable.

3.15.3B The contract partner must ensure that a family visit is not considered a “pass” and that no violations of house rules or disciplinary measures result in missing family visits.

3.16B Absent Without Leave (AWOL) Issues

3.16.1.B When the contract partner determines that an adolescent is AWOL from the facility during business hours (8:00 a.m. to 5:00 p.m.), the Contract partner will contact all of the following; the police, OHC, BMCW assigned staff and/or supervisor and the Placement Stabilization Center Coordinator. The contract partner must initiate all contacts within 10 minutes of determining an adolescent is AWOL.

3.16.2.B When an adolescent goes AWOL after business hours, the contract partner will contact 220-SAFE and the police. The contract partner will also leave a voice mail message for the assigned BMCW case manager and/or supervisor. The contract partner must initiate all contacts within 15 minutes of determining an adolescent is AWOL.

3.16.3.B The contract partner will complete an Incident Report on the missing adolescent.

3.16.4.B For any adolescent who has been reported AWOL, the contract agency will “hold” the bed overnight for that adolescent.

3.16.5.B If the adolescent does not return by the next day, the adolescent will be effectively discharged from the facility unless otherwise authorized by the OHC unit for BMCW. BMCW may authorize and pay for a "bed hold" for up to 14 days.

3.16.6.B If a adolescent who is determined to be AWOL returns to the facility of their own accord within 48 hours of being discharged, the facility will readmit the adolescent and then notify the assigned BMCW case manager and OHC unit.

3.16.7.B If an adolescent returns to the facility after 48 hours, the assigned BMCW case manager must be contacted during business hours or 220-SAFE if it is after business hours.

3.16.8.B If no bed is available during after hours, the contract agency will call 220-SAFE.

3.17B Incident Reports

3.17.1.B If an adolescent returns from an activity intoxicated, under the influence of drugs, or belligerent behavior the contract partner will first attempt to stabilize the situation and maintain the adolescent at the facility, however, if the adolescent is out of control the contract partner will notify the police and/or emergency medical services and the assigned BMCW case manager. The contract partner must complete an Incident Report using the attached form and submit the completed Incident Report to the Placement Stabilization Center Care Coordinator for the Out of Home Care Unit.

3.17.2B The contract partner must follow all reporting requirements of Serious Incident Reports to BRL.

3.17.3.B If an adolescent engages in behavior that includes an act of violence or threat of violence or whose conduct results in damage to property the Contract partner must complete an Incident Report. Under these circumstances it is appropriate for the contract partner to contact law enforcement officials. If the police officer concludes that the behavior is criminal the police office may remove the adolescent from the assessment center. If the police officer does not believe the adolescent's behavior necessitates that he or she be detained, then the adolescent is to remain at the shelter. The contract partner may make a request to have the adolescent removed following the procedures set forth in the contract. Under no circumstances is the contract partner to make a unilateral decision to have the adolescent removed from the assessment center.

3.17.4B In addition, the general rule is that a contract partner must accept all placement referrals authorized by BMCW. Contractually there are only two acceptable reasons for refusing the placement of an adolescent.

A. The Placement Stabilization Center does not have an age and gender appropriate vacancy.

B. The Placement Stabilization Center is under a health quarantine that is recognized by the Placement Stabilization Center Coordinator.

C. The fact that an adolescent has previously run away from an assessment center is not an acceptable reason for refusing the placement of an adolescent.

3.17.5B Once an adolescent is placed at a Center the contract partner must make a written request to have the adolescent removed by completing an Placement Stabilization Center Removal Request Form. The request is to be submitted to the Placement Stabilization Center Coordinator who will review the request with the BMCW case manager and respond to the request within one business day. Under no circumstances is the contract partner to refuse the placement of an adolescent who exhibits disruptive behavior.

3.17.6B If a Center refuses to accept placement of an adolescent in violation of the contract, the Placement Stabilization Center Coordinator will register violations that occur with the BMCW Superintendent of Shelter Care. The BMCW Superintendent of Shelter Care will notify the contract partner in writing if a violation of this subsection is substantiated and a fee is to be assessed. BMCW may assess a fee in the amount of \$150.00 for each refusal.

The incident report does not in any way replace the contract partner's statutory responsibility to report all adolescent abuse and neglect allegations by calling 220-SAFE.

3.18B Staff Ratio

3.18.1.B There will 1 staff for every 3 adolescents in the placement during waking hours. There will be 1 awake staff for every 4 adolescents in the placement during sleeping hours. (11:00 PM – 6:00 AM).

3.19B Shelter Care Extensions

3.19.1B Post-dispositional placement of adolescents cannot legally exceed 20 days.

3.20B Communication with BMCW

3.20.1B A critical aspect of the BMCW is the communication. Each partner must work together as a team. Each adolescent welfare partner is responsible for developing methods, which will build the relationship between the Initial Assessment and Ongoing service sites and the Out-of-Home Care Unit.

3.20.2B If the Contract partner does not know the identity of an adolescent's worker, the Contract partner will contact the Placement Stabilization Center Coordinator. The Placement Stabilization Center Coordinator will provide the adolescent center with the worker's name, site number, phone number, supervisor name and supervisor's phone number.

3.20.3B The Contract partner will contact the adolescent's worker regarding regular case activity. If the adolescent's worker is unavailable the Contract partner will contact the worker's supervisor. If the supervisor is unavailable the Contract partner will contact the Placement Stabilization Center Coordinator. Finally, if the Placement Stabilization Center Coordinator is unavailable the Contract partner will contact the Placement Stabilization Center Coordinator's supervisor.

3.20.4B The Contract partner will permit the assigned BMCW worker access to adolescent in the Contract partner's care.

3.21B Staff Qualifications and Training

3.21.1B Staff must have the relevant educational background, work experience and training relating to caring for adolescent who have been abused or neglected. They should be culturally competent and knowledgeable about the following:

- Impact of maltreatment on the adolescent's growth and development
- Nature and stages of development of adolescents (physical, cognitive, social, moral and emotional)
- Effects of separation

3.21.2B The Placement Stabilization Center must ensure diversity of staff to reflect the diverse population of adolescent who enters out-of-home care. The staff must be aware and supportive of the goal reunification and permanence to meet the needs of the adolescent.

3.21.3B Staff retention is essential to quality of services. The Placement Stabilization Center must describe its strategies for retaining caring and competent staff.

3.21.4B The Placement Stabilization Center must ensure annual training as required by BRL and the training should include topic areas on de-escalating aggressive behavior, oppositional defiant behavior communicable diseases, sexualized behaviors, and separation from family.

3.21.5B The contract partner must ensure that staff attends all BMCW sponsored training developed for their staff.

3.22B Reports and/or Documents Due

3.22.1B The Placement Stabilization Center must establish a comprehensive Self Assessment and Continuous Quality Improvement plan process to determine if the:

- A. Needs of the adolescent are being met in a manner that is supportive of the goals of reunification and permanence
- B. Outcomes of the service are achieved
- C. Contractual requirements are met or exceeded.

3.22.2B The Continuous Quality Improvement Plan must be approved and submitted to the OHCU by July 31, 2004, and then yearly.

3.22.3B The Placement Stabilization Center will ensure that planned and scheduled customer satisfaction surveys are implemented to serve as a basis for service/program improvement.

3.22.4B The Placement Stabilization Center must use the BMCW complaint resolution process provided by BMCW.

3.22.5B The Placement Stabilization Center must have a process for tracking re-entry rates and stability of placement.

3.22.6B The Placement Stabilization Center will ensure that all required reports would be submitted as due.

3.22.7B OHCU and BMCW reserve the right to request additional information and reports.

3.22.8.B The contract agency will provide to the identified parties the following information as required by the identified time frame:

Reporting Requirements

Type of report	Frequency	Due date if applicable	Distribution list
Daily report including: <ul style="list-style-type: none">• Name of adolescent• Date of birth• Date of admission• Placing worker• Placement packet provided at	Daily	By 7:45 a.m. daily	Out of Home Care Contact

Type of report	Frequency	Due date if applicable	Distribution list
time of admission <ul style="list-style-type: none"> • Status of adolescent ex: AWOL • Previous placement • Discharge date • Placement resource • Other pertinent information on each adolescent 			
Date and type of medical or behavioral evaluations and assessments for adolescent. Must include date seen at the Child Protection Center (CPC) for health screen (must occur within 5 business days of their initial placement) and any other medical, dental, or behavioral evaluations and assessments. This information must include: <ul style="list-style-type: none"> • Evaluation date/time • Name of provider • Type of evaluation 	Weekly	Within 1 business day of making appointments and/or receipt of written evaluations	Out of Home Care Contact Case Manager
Internal Assessment on each individual adolescent	Within first 5 days of placement and weekly thereafter	Within first 5 days of placement and weekly thereafter by 10:00 a.m. on Wednesdays	Out of Home Care Contact Case Manager
Date adolescent had visitation with parent and siblings if applicable (must occur within 5 days of detention hearing)	Weekly	By 12:00 on the first business day following the previous week.	Out of Home Care Contact Case Manager
Status of adolescent placed: <ul style="list-style-type: none"> • Number of adolescent placed. • Names of adolescent placed • Birthdate 	Weekly with end of month reconciliation report	By the 5 th of the following month	Out of Home Care Contact And Out of Home Care PEM

Type of report	Frequency	Due date if applicable	Distribution list
<ul style="list-style-type: none"> • Type of placement of adolescent post Placement Stabilization Center • Length of time in Placement Stabilization Center 			Superintendent of Shelter Care
Self Assessment/Quality Improvement plan	Yearly	First SA/QI plan due July 31, 2004 and April 30, 2005 then yearly	Out of Home Care Contact And Out of Home Care PEM
Serious and egregious incidents including adolescent deaths as required by BMCW	Within same business day. Incidents occurring after business hours must be reported to the BMCW Intake line @ 414-220-SAFE.		Out of Home Care Contact And Out of Home Care PEM BRL
Serious and egregious incident reports as required by administrative code HFS59	Per BRL requirements		

*OHCU and BMCW reserve the right to request further information, data, and reports

PART IV -MONITORING REQUIREMENTS

4.1.1 The BMCW together with Out of Home Care Unit (OHCU) will monitor each facility on a regular basis.

4.1.2 Monitoring shall consist of On-site visits (scheduled and unscheduled) for the purpose of ensuring that the facilities physical structure and programming meet contract requirements as determined by the Superintendent of Shelter Care.

4.1.3 The contract agency shall cooperate fully with the Bureau of Regulation and Licensing (BRL) to maintain their license in good standing.

2004 Contract Agencies

A. Adolescent Assessment Centers

Bridges of Tomorrow-Adolescent Assessment Center

6413-15 42nd St
Last Date of Shelter placement: 12/22/03
Assessment Center as of 12/23/03
Bed Capacity: 8
Gender: Females

Lutheran Social Services-Adolescent Assessment Center

3320 N Dousman
Assessment Center as of 1/5/04
Bed Capacity: 8
Gender: Females

Your Children Our Children-Adolescent Assessment Center

425 E Garfield
Last Date of Shelter placement: 12/22/03
Assessment Center as of 12/23/03
Bed Capacity: 6
Gender: Males

St Charles-Adolescent Assessment Center

9501 W Watertown Plank Rd Bldg 4
Last Date of shelter placement: 12/22/03
Assessment Center as of 12/23/03
Bed Capacity: 6
Gender: Males

B. Placement Stabilization Centers

St Charles-Placement Stabilization Center

9501 W Watertown Plank Rd Bldg 9 (A wing)
Stabilization Center as of 12/23/03
Bed Capacity: 8
Gender: Males

St Charles-Placement Stabilization Center

9501 W Watertown Plank Rd Bldg 9 (B wing)
Stabilization Center as of 12/23/03
Bed Capacity: 8
Gender: Males

My Home Your Home-Placement Stabilization Center

1033 W Keefe
Stabilization Center as of 12/29/03
Bed Capacity: 8
Gender: Males

St Rose-STAGES Program-Placement Stabilization Center

3801 N 88th
Bed Capacity: 11
Gender: Females